

Certificate of enrolment
to be supplied by the foreign University

To
Studierendenwerk Ost:Brandenburg
– Amt für Ausbildungsförderung -
Paul-Feldner-Str. 8

D-15230 Frankfurt (Oder)

This is to certify that

_____ name

born _____ is enrolled as a
date

full - time student *)

part - time student

in

undergraduate studies *)

postgraduate studies

others _____

for the course of studies in _____
name the subjects to be studied and Code number

for the period from _____ to _____
start (exact date, dd/mm/yy) end (exact date, dd/mm/yy)

taking courses at the following level *

_____ certificate

National diploma

Higher National Diploma

Diploma of Higher Education

Bachelor Degree

Postgraduate Diploma

Master's Degree

Will the student be awarded one of these qualifications? Yes No

Study level*: **Year 1** **Year 2** **Year 3** **Year 4** **Year 5**

*) please tick the appropriate boxes

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The above named student applied for a tuition fee waiver *:

yes no and got a tuition fee waiver: yes no

Payable tuition fees: _____

The tuition fees do not include any other costs than tuition (i.e., registration and course fees exclusively!)

The Overseas Health Insurance (OSHC) is compulsory for international students. The costs for the whole study period named above amount to: _____

date

seal

signature

*) please tick the appropriate boxes