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 Firstname

born _____ will be / is enrolled as a

☐ 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
☐ State Examination
☐ _____

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: _____

_____ seal _____

date signature

*) please tick the appropriate boxes