**Confirmation of Participation**

**To be filled out by the student**

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| --- |
| Full name: Matriculation number: |
|  |
| Titel of the lecture / the program / the student group: |
|  |
|  |
|  |
| SS/ WS : semester hours: |

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Place, Date Signature

**To be filled in by the professor/ the management**

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| I hereby confirm that the information above is true and accurate. |
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| Place, Date Signature |