

Centre for Language Studies

Language Courses for
Students of All Departments

Family name, first name: _____

Student number: _____

has successfully completed the following language courses:

Course name: _____

Term: _____ Mark: _____

Hrs/week: _____ ECTS: _____

Course assessment: _____

Signature of lecturer: _____

Stamp

Course name: _____

Term: _____ Mark: _____

Hrs/week: _____ ECTS: _____

Course assessment: _____

Signature of lecturer: _____

Stamp

Course name: _____

Term: _____ Mark: _____

Hrs/week: _____ ECTS: _____

Course assessment: _____

Signature of lecturer: _____

Stamp

Course name: _____

Term: _____ Mark: _____

Hrs/week: _____ ECTS: _____

Course assessment: _____

Signature of lecturer: _____

Stamp