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| DS confirmation for the EU-ServicePoint (C3) |

Version: February 2020

Please fill out this form on a computer, NOT by hand.

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| Hereby the faculty / student advising office confirms that | |
| Last name, first name |  |
| has completed a traineeship at | |
| Organization / enterprise |  |
| Address |  |
| City / Country |  |
| Duration | from       to |

|  |  |  |
| --- | --- | --- |
| The traineeship will be recorded in the Diploma Supplement (DS). The Diploma Supplement can be issued on request by the faculty / student advising office after completion of the studies. | | |
| University |  | |
| Faculty |  | |
| Name of the signatory |  | |
| Professional status |  | |
| Location and date |  | |
| Signature |  |  |
|  |  | ( Stamp ) |

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| The student is obligated to request a Diploma Supplement after the completion of the studies and to forward a copy to the EU-ServicePoint. | |
| Location and date |  |
| Signature |  |