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| Transcript of Records (ToR) 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 |  |
| Postal code / city / country |  |
| Duration | from \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ |

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| The traineeship will be recorded in the Transcript of Records (ToR) and will be issued by the faculty / student advising office per request before the completion of the studies. |
| University |  |
| Faculty |  |
| Name of the signatory |  |
| Professional status |  |
| Location and date |  |
| Signature |  |  |
|  |  | ( Stamp ) |