

.....
stamp of the university

.....
place, date

CERTIFICATE TEMPLATE

This is to certify that Mr./ Ms.

.....
Names and surname

Passport number or other identification document number:

Date and place of birth:

Address of residence:

Field of studies:

Cycle of studies: First/ Second *

Form of studies: Full-time/ Part-time *

Year of studies:

Semester:

In the academic year / **is a student**

Name of the university

.....
Name of the university

Start date of the studies:

Planned graduation date:

.....
signature and stamp of an authorized person

* Delete as appropriate.