Host institution

Osnabrück University of Applied Sciences
Faculty of Business Management and Social Sciences
Germany

Home institution (name and full address)

Home institution (contact person)

First name and surname:

E-mail:

Phone number:

Certificate of enrollment for the retake of failed examinations

Full name of student

This is to confirm that the above student is enrolled at our university and will retake examinations as a visiting or exchange student at Osnabrück University of Applied Sciences during the following period:

winter semester 2025/2026, from September to February

Date:

Signature and stamp of home institution (not to be signed by the student!)