

## ***Home Institution's Proof***

### **Please fill out in electronical form:**

Name of the student:

Field of studies:

Number of years of studies:

Planned study period in Emden/Leer:

Home Institution:

Address:

### **TO BE FILLED IN BY THE INTERNATIONAL OFFICE COORDINATOR OF THE HOME INSTITUTION:**

International Office Coordinator's name:

Phone:

E-mail address:

The student

does meet

does not meet

the language requirements at the respective faculty at the University of Applied Sciences Emden/Leer.

.....  
***Date/Signature of the International Office Coordinator***