

CERTIFICATE OF ENROLLMENT

FOR AP DEGREE / ASSOCIATE DEGREE PROGRAMS ONLY

Name and address of the foreign school:_____

Study program:_____

Given name(s) and family name of the student:_____

Date of birth:_____

Enrollment date (DD/MM/YYYY):_____

Actual or anticipated date of completion (DD/MM/YYYY)_____

Form of study: ☐ In-person ☐ E-learning ☐ Distance ☐ Other:_____

Name and surname of authorized person at foreign school:_____

Signature of authorized person at foreign school:_____

School stamp: