



Elective Module

Certificate of Completion

Student name _____ Matriculation No. _____

Email _____ Module start date _____

Module end date _____

Name of supervisor _____ Email _____

Name and address of institution _____

Title of module _____

The student has passed the module.

Lab report or research talk or other _____ (specify)

Date _____

Supervisor (signature)

Hand out or email to the student

Credit Points are granted by the degree committee

Comments (Degree Committee members only).

Date _____

(Dr. Jan Weber)