

To be addressed to:  
 Philipps Universität Marburg  
 Referat A5 –Besondere Auswahl-  
 und Zulassungsverfahren  
 Dezernat III – Studium und Lehre  
 Biegenstr. 10  
 35032 Marburg

To be filled in by the institution of education

## Certificate stating the duration of language studies at school<sup>1</sup>

Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

Type of School Leaving Certificate: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Foreign language (please list the respective foreign language, e.g., English, French, Spanish, Italian, Greek)	Duration		Successfully passed in all school years?		taught until graduation?	
	from (mm_yyyy)	To (mm_yyyy)	yes	no	yes	no

\_\_\_\_\_  
 Place and date of issue

\_\_\_\_\_  
 Signed and stamped by school

<sup>1</sup>For further information on foreign language requirements, please refer to: <https://www.uni-marburg.de/en/studying/during-studying/formalities-fees/language-requirements>