

Confirmation of Contact Hours



_____ **WU student ID number**

_____ **Last name**

_____ **First name**

_____ **WU degree programm**
(Studienrichtung)

_____ **Name of (partner) university abroad**

_____ **Country**

Duration of study period in weeks : ___

Academic Year: 20___/___

Duration of study at university indicated above: From ___/___ until ___/___
Month /Year Month/Year

Courses completed:

Title of course	(Course # if applicable)	Total number of contact hours per semester

Confirmation by (partner) university abroad:

_____ **Date**

_____ **Signature**