

Certificate Subject Teaching Experience

Name doctoral candidate _____

Name supervisor _____

Teaching Experience

Title/Subject: _____

Institution/Department: _____

City, country: _____

Semester: _____

and/or

Start date: _____ End date: _____

Duration in SWS: _____ (1 SWS = 10,5 h)

With respect to my supervisor I confirm that the information is correct:

_____, _____
doctoral candidate

With respect to GC LS I confirm, that my doctoral candidate hold above mentioned teaching experience:

_____, _____
supervisor