



European Universities Championship

Sport:

Country:

University:

To be completed by the competitor:

Family Name:

First Name:

Sex (m/w):

Date of birth:

University:

Faculty:

Field of study:

Year of study:

Graduation date:

Passport (ID card) Nr. :

To be completed by the University:

I certify, to the best of my knowledge, that the above Academic Record is correct:

Family Name:

First Name:

Position:

Date:

Signature:

