

Confirmation of Participation			
semester 20 Friedrich Schlegel Graduate School of Literary Studies			
Name:			
Surname:			
StudentID.			
Field of PhD:			
Course Title:			
Department / University:			
Course of Study:			
ATTENDANCE			
Course No	Course- Type	Regular attendance.	Lecturer
			Date, Lecturer's signature

FRIEDRICH SCHLEGEL GRADUIERTENSCHULE für literaturwissenschaftliche Studien