

Sender
(Placement provider)

Evangelische Hochschule Berlin (EHB)
Placement office
Postfach 370255
14132 Berlin

Placement Certificate
- For the degree course Bachelor of Nursing -

We herewith confirm, that

the student _____, date of birth _____

has **successfully completed** a placement in accordance with § 2 of the Placement Regulations governing the Bachelor's Degree in Nursing at the EHB, which fulfilled the required duration of weeks

at the following placement facility:

The student was absent for _____ days as a result of illness.

Place, date

Organisational stamp

Placement supervisor's signature