**

*Please fill in online and send this form also as mail to the PCGS coordinator.*

*Please bring a signed version or (if available) a certificate to the office.*

*Thanks!*

**Lecture**

|  |  |
| --- | --- |
| Students Name |  |
| Course |  |
| Lecturer |  |
| Term&Year |  |
| Semester Periods/Week |  |
| Exam/Schein?\**\* strike through!!* |  Yes / No |
| Details if Yese.g. effort |  |
| min. 80% attendance? |  Yes / No |

Signature Lecturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Points/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(to be filled out by PCGS Coordinator)