

Bescheinigung nach §9 BAFÖG

(01.04.2020-30.09.2020)

Student Number xxxxxxx

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Universität d. Saarlandes - Stud.-Sek., Postfach 15 11 50, 66041 Saarbrücken

Testina Muster

Alter Holzweg
66140 Saarbrücken
Germany

Universität des Saarlandes

Präsidentensekretariat

Campus A4.2

66123 Saarbrücken

Postfach 15 11 50

66041 Saarbrücken

Testina Muster

Student Number

xxxxxxx

Date of birth

01.01.1990

Place of birth

Saarbrücken

Is enrolled for

Summer semester (01.04.2020-30.09.2020)

Total number of semesters
studied

6

Ersteinschreibungsjahr

Winter semester-2017

Hochschule

Saarbrücken, Campus Saarlandes

Staat

Germany

Ersteinschreibung
Deutschland

Semester	Subject	Type of qualificat.	Subject	Status ⁽¹⁾	SS ^(*)	SPoS ^(**)	Reg. Type ⁽²⁾	Mode	Type
Summer semester (01.04.2020-30.09.2020)	B.Sc. Informatik	Bachelor of Science	B.Sc. Informatik (2015)	A	1.00	6	01	Full-time	Campus-based study programme
Summer semester (01.04.2020-30.09.2020)	B.Sc. Cybersicherheit	Bachelor of Science	B.Sc. Cybersicherheit (2014)	A	5.00	6	01	Full-time	Campus-based study programme

Key:

- Headers: (*) No.subject.sem.stud., (**) Std. period of study

- Cell contents:

(1)

A Attending

(2)

01 Primary enrolment