



European University Championship

Sport:

Country:

University:

To be completed by 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 University:

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

Family Name:.....

First name:

Position:

Date:

Signature:

