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FACULTY | DIVISION/DEPARTMENT

Ms\*Mr

Name

Address

# CERTIFICATE

Access Permit

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I hereby certify that Mr\*Ms XY, born on DD.MM.YYYY in PLACE is engaged at Goethe University as

* External lecturer
* Visiting lecturer
* Fellow
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please state)

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Signature, date and official stamp (in blue): Dean / Division Manager / Department Manager