



## Recommendation from a professor, lecturer or teacher for the application for a Deutschlandstipendium at SRH University

To be completed by	the student			
Name:				
Matriculation Numb	er:			
Study Programme:				
Campus:				
To be completed by	a professor, led	cturer or teacher		
Name:				
Position:				
Contact:				
(for further inquiries	)			
Please evaluate the The student is amon	•	rmance in compariso	n to his/her fellow stude	ents
■ best 10% in their class.	■ best 20%	■ best 30%	■ best 50%	

How would you assess the applicant's performance? Do you endorse the sponsorship by means of a Deutschlandstipendium of SRH University? (if necessary, continue on page 2)





(City/Date/Signature/ if possible Stamp)