Confirmation by the employer for Admission to the Graduate Program Master of Educational Quality in Developing Countries Institute of Education Otto-Friedrich-Universität Bamberg, Germany

Instructions for Applicants

Please complete this section of the form and forward it to your employer for completion.

Confirmation by employer on behalf of

Name of applicant	
Contact information of employer	
Position of contact person	
Name	
Email	
Phone	

THIS PART TO BE COMPLETED BY THE EMPLOYER

Please describe how the applicant's study will fit in the time frame of his work.

Which infrastructure may the applicant use for his studies?

Page two of confirmation by employer	. (Applicant's name)
How do you intend to additionally support the applicant in his studie	s?
After completion of the course we intend to profit from the applicant knowledge in the following way:	's experiences and
Date:	
Signature:	
Stamp	