



Graduate School  
for Cellular and  
Biomedical Sciences



<sup>b</sup>  
UNIVERSITÄT  
BERN

## Course Certificate

Name

Matriculation no.

**Title of course:**

**Content of course:** *please attach description (for external courses only)*

**Start & end dates of course:**

- Category:
- Lecture
  - Practical Course
  - Book Club/Tutorial
  - Other  please specify

**Credits (ECTS):**

**Grade (if given):**

**Grading Scheme:** 6.0 = excellent; 5.5 = very good; 5.0 = good; 4.5 = satisfactory; 4.0 = sufficient; below 4.0 = failed.  
The highest mark should be reserved for extraordinary work (top 10%).

**Pass/Fail (if no grade is given):**

**Lecturer(s)/Examiner(s) responsible for the course:**

**Name**

**Signature**

1)

1) .....

2)

2) .....

3)

3) .....

**Place & date:**

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