

Appointment confirmation

Subject: psychological consultation

By Hilfswerk Niederösterreich:

Hilfswerk Niederösterreich, represented (title, first and last name of the supervisor) confirm that(first and last name of the student) on (date) has consumed a psychological counseling session within the framework of the cooperation agreement with the Hochschüler_innenschaft at Danube University Krems.

.....

place, date

.....

signature of supervisor

By the student:

I (first name, last name),
..... (matriculation number),
..... (e-mail),
..... (phone number)
hereby confirm that on (date) I have made use of a psychological counseling session at Hilfswerk Niederösterreich.

.....

place, date

.....

signature of student