

Date:

To whom it might concern

This is to certify that according to our records/proof presented to us:

Last name/Surname	
First name(s)	
Date of birth	
Current address	
City	
Country	

This certification is being issued upon the request of the applicant.

Signature	
Position	
Contact e-mail	
Company/ university	

Stamp (optional)	
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CYBERSURE Master's programme in Cybersecurity and Assurance