

Last Name, First Name:

Student ID / matriculation number:

Study program:

Cohort/start semester:

I hereby apply for the recognition of the following competencies: _____

Signature of student/applicant

To be filled out by the student/applicant				RECOGNITION DECISION				
Acquired Competencies								
Your previous university			Intended credit transfer and recognition of qualifications	To be filled out by UTN study program director				
Course/Module name <small>(please provide relevant documentation such as module handbook or syllabus)</small>	ECTS ¹	Grade	Module name at UTN according to the university's Study and Examination Regulations (ASPO)	ECTS	Grade	Recognition decision by program director		Date/Initials
						Yes	No*	
No. 1								
No. 2								
No. 3								
No. 4								
No. 5								

¹if applicable, otherwise please indicate the number of weekly academic hours

No.	*Reasons of rejection given by the study program director or Examination Board

Application for recognition of competencies accepted:

Yes		No	
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Nuremberg, _____
Date

Chair of the Examination

Decision of the Examination Board regarding the requested recognition of competencies and intended credit transfer please see above.