

Application for Recognition of Competencies (Examination Results)

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

<i>To be filled out by the student/applicant</i>				RECOGNITION DECISION					
Acquired competencies				<i>To be filled out by UTN study program director²</i>					
University/institution where credits to be recognized were obtained:			Intended credit transfer and recognition of qualifications						
No.	Course/Module name (please provide relevant documentation such as module handbook or syllabus)	ECTS ¹	Grade	Module/course name at UTN according to UTN's Study and Examination Regulations (ASPO)	ECTS	Grade	Recognition decision by program director ²		Date/Initials
							Yes	No*	
No. 1									
No. 2									
No. 3									
No. 4									
No. 5									

No.	*Reasons for rejection

Application for recognition of competencies accepted:

Yes		No	
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Nuremberg, _____
Date

UTN School of Students and Young
Researchers (StaRs)

¹If applicable - otherwise please indicate the number of weekly academic hours

²If credits are to be recognized for Key Competencies courses, the decision is made by Early Career Center