

Application for recognition of examination achievements

(See Info-sheet)

Addressed to the Examinations Board of the Faculty of: _____

Last name, first name: _____ Registration number: _____

Seminar group: _____ TH email address: _____

Phone: _____

Address: _____

Stamp of receipt



Application for recognition from:

University: _____ Degree programme: _____

Study group/registration number: _____ Reason for termination: _____

From the previous degree programme			Technical University of Applied Sciences Wildau Lecturer / examiner					Person responsible in the Examinations Board			
Module	CP	Final mark for semester	Module	CP	Last name (capital letters)	endorsed	Final mark for semester	Signature	Member of the EB (Name)	approved	Signature
						yes / no				yes / no	
						yes / no				yes / no	
						yes / no				yes / no	

Date

Signature of Student

Attachments (proof of academic achievement, course content and scope, credit points)