



Application for Course Recognition

Acc. to. § 12 FHG in the current version

| Degree programme | Major/Specialisation |
|------------------|----------------------|
| | |

Personal information | Matriculation number: _____ | Personal ID number: _____
Name: _____

Course (for which you seek recognition)

Course title: _____
Course type: _____ ECTS credits: _____ Contact hours per week: _____ Semester: _____
Course leader: _____
(relevant department:) _____

Recognition is applied for on the grounds of the following prior education/knowledge:

Course title/job title _____
Course type: _____ ECTS credits: _____ Contact hours per week: _____ Semester: _____
Date of positive completion of course (Exam date): _____
Institution (Company): _____

Documents as means of recognition, e.g. certificates:

Date Signature of the applicant

Statement course instructor/Head of Department:

The course recognition is **supported/not supported**.
(delete as applicable)

Explanation (in case the recognition is **not supported**):

Date Signature course instructor/Head of Department

Approval by Head of Programme:

Date Signature Head of Programme