



## Application for Course Recognition

Acc. to. § 12 FHSStG 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