



Application for structural crediting

Student's Personal Data:

Name: _____ First Name: _____

Student ID: _____ CMS Track: _____

This form must be completed by the student. The student requests that the following course (separate forms must be filled for multiple courses) is accepted and assigned for the following CMS module. The course is currently not listed in the catalogue of that module.

Name of the course	SWS (course)	Number/acronym of the CMS- Module to be transferred in

Detailed contents/syllabus of the course:

If available, website of the course:

Name and e-mail address of the lecturer:

Date: _____ Signature (Student): _____

The examiner confirms that he/she admits the student to the above mentioned examination.

Date: _____ Signature (Examiner): _____

The head of the CMS module into which the course shall be transferred confirms that the course form, contents, and type of examination are in accordance with the respective module description.

Date: _____ Signature (Head of CMS Module): _____

The head of the CMS examination board approves the transfer.

Date: _____ Signature (Head of Examination Board): _____

Please return the signed form to the Examination Office!