



**Attachment to the Application for Acknowledgement of Courses/Exams
Information on the Completed Courses or Examinations**

Name: _____ First Name: _____
 Date of Birth: _____ Semester: _____
 Student ID: _____ CMS/ Track: _____

This form must be completed **only upon request** from the professor in charge of the CMS module proposed to be equivalent to a previous course or examination.

The course or examination stated below was taken at the following institution:

Course to be acknowledged that was taken at the institution stated above	SWS / Credits	Grade

Detailed contents/syllabus of the course:

If available, web pages of the course:

Relevant literature studied during the course (lecture notes, books, articles, ...):

Name and E-mail address of previous lecturer:

Proposed equivalent CMS course according to valid CMS Study Regulations:

Date

Signature