

Fakultät Informatik – Prüfungsamt

Application for Transfer of a Course into a CMS-Module

Student's Personal Data:		
Name: First	First Name:	
Student ID: CM	CMS Track:	
This form must be completed by the student. The (separate forms must be filled for multiple course CMS module. The course is currently not listed in	es) is accep	ted and assigned for the following
Name of the course	SWS	Number/acronym of the CMS-
	(course)	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's	

The examiner confirms that he/she admits the student to the above mentioned examination.		
Date:	Signature (Examiner):	
	le into which the course shall be transferred confirms that the course examination are in accordance with the respective module descrip-	
Date:	Signature (Head of CMS Module):	
The head of the CMS exami	nation board approves the transfer.	
Date:	Signature (Head of Examination Board):	