



Request for crediting of lectures/modules as per § 8 of Exam Regulations (Prüfungsordnung)

Family name: _____ First name: _____

Matrikel-Nr.: _____ Current study programme: _____

The following courses have been completed at _____ as part of the programme _____

I request credits for the following activities:

Completed courses				To be recognized as equivalent to					
Title of lecture / module	Workload ECTS, SWS, CP, Hours	Grade	Confirmation Academic Office Mathematics / Studienbüro	Module- Nr.	Title of lecture / module of current programme	Workload in CP	Grade 1,0; 1,3; 1,7; 2,0... or pass	Signature Chair Exam- ination Committee	Note

I hereby confirm that all the statements I have made are to the best of my knowledge correct and complete.

Date: _____ Signature (Student): _____

Please hand in the form and your original certificates to Academic Office of Department Mathematics / Studienbüro Mathematik. Send this request (after completion by the Academic Office of Department Mathematics) including its attachments to the Chair of the Examination Committee (Prüfungsausschussvorsitzende/r).