

APPLICATION FOR RECOGNITION OF EXAMINATION RESULTS, WHICH WERE COMPLETED AT A GERMAN OR FOREIGN UNIVERSITY

1. PERSONAL DATA

female male diverse

Name:

Telephone:

First name:

Study programme:

Street:

Semester:

Postcode, city:

Examination regulations version:

Email:

Matriculation number:

I am applying for recognition of the following examinations that I have taken at the university
in the study programme:

To be completed by the student									To be completed by the examination board		
Examination taken at the other university or department (to be recognized)					Examination performance at the Department of Food Technology (modules to be recognised)				Examination number	Decision (yes/no)	Grade conversation
Module No.	Module title	SWS	ECTS	Grade	Module no.	Module title	ECTS				
1	Click here to enter text.					Click here to enter text.					
2	Click here to enter text.					Click here to enter text.					
3	Click here to enter text.					Click here to enter text.					
4	Click here to enter text.					Click here to enter text.					
5	Click here to enter text.					Click here to enter text.					
6	Click here to enter text.					Click here to enter text.					

2. EXAMINATION SERVICES

The following documents must be enclosed with the application:

1. Official copy of performance record
2. Relevant module descriptions
3. Current transcript of records of your current degree programme at Fulda University of Applied Sciences
(horstl “pdf: alle Leistungen”)

I hereby confirm that the information I have provided is true and complete.

I confirm that I have neither taken nor registered for the examinations for which I am applying for recognition in the above-mentioned degree programme at Fulda University of Applied Sciences.

Date

Signature of the applicant

3. PROCESSING NOTE (TO BE FILLED BY THE HFD)

documents received:	Date:	_____	With:	_____
Documents complete:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Date:	_____
Further documents requested:	Date:	_____	With:	_____
Further documents to be submitted:	Until:	_____		
Fixed processing time:	Until:	_____	Date:	_____
Decision in the Audit Committee:	Date:	_____	Signature	_____
Decision issued:	Date:	_____	from	_____

Statement by the professor in charge (at the request of the examination board)

To no.	Decision (yes/no)	Reason (in case of rejection)	Date, signature
1			
2			
3			
4			
5			
6			