

Application for Recognition

to be filled in by the STUDENT

Last name, First name:

Mat. no.:

Study programme:

Effective SPO:

Current semester at DIT:

Immatriculation (SS/WS, year):

Date:

Signature student:

Name of Institution, at which the achievement was acquired:

Name of previous study programme:

Name of the previous course / module:

Exam grade:

ECTS:

SWS:

The above mentioned course should be recognized for (name and number of the DIT module):

Responsible Lecturer:

Responsible Lecturer:

Application will be recognized:

Yes

with Grade:

without Grade

Yes, if the following conditions are met:

Application will NOT be recognized. Reason:

Date:

Signature Lecturer:

Forward the signed application form to anerkennungen-fak-ai@th-deg.de and a copy to the student.

to be filled in by the LECTURER