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| **Application for accreditation** |

Student registration number       (FAU student registration number)

Last name, first name

Birth name/date of birth/place of birth

Birth name/date of birth/place of birth:       /       /

Address Street

Post code, town/city

Phone

E-mail

To the

**Examinations Office of the University of Erlangen-Nürnberg**

**Faculty of Medicine**

**Halbmondstraße 6**

**91054 Erlangen**

Degree programme:

Molecular Medicine

Logopaedics

MPM

I request that previous qualifications, course achievements and examination achievements are accredited for the FAU degree programme specified above:

* confirmation of examinations completed at previous higher education institution (German translations required for documents from foreign higher education institutions)
* module descriptions (and/or additional/other documents if applicable) for the modules/achievements for which accreditation is requested
* if grades from foreign higher education institutions must be converted: documentation indicating the best possible grade and the minimum grade required to pass in the grading system used (either specified on the certificate or in a separate confirmation from the higher education institution)

The course and examination achievements were completed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

in the degree programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please specify the higher education institution (e.g. university) and degree programme in which the achievements were completed here.)

I confirm that I have not failed the Diplomvorprüfung, Diplomprüfung, Grundlagen- und Orientierungsprüfung (GOP), Bachelor's examination or Master's examination in the same or a similar degree programme at the final attempt at another higher education institution.

I consent to my previous higher education institution passing on personal data and data on examinations.

With my signature I declare that all the information that I have provided is correct.

Place, date           Signature

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| **To be filled in by the student**  (please use one line per examination) | | | | | | | | **To be filled in by the Examinations Office:** | | | | | | |
| **Previous study:** | | **Accreditation of achievements completed abroad** | | | | | | **Accredited as:** | | | | | | **Vocational qualification6** |
| **Name of completed achievement:** | **Grade** | **Mobility**  **programme1** | **Type of stay2** | **Start date3** | **End date3** | **Months4** | **Country5** | **Name of FAU achievement**  **to be accredited:** | | **Mein campus exam-ination no.** | **ECTS** | **Ac-credited (grade)** | **Not ac-credited\*** |
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1 EU programme (e.g. Erasmus) or international/national programme (e.g. DAAD, PROMOS, Hochschulfond International, University foundations, Fullbright, University centres such as BayLAT) or no programme (= self-organised) (please specify)

2 Study or internship or project work or language course or summer school or field trip/study trip or other study-related stay (please specify)

3 Start and end of stay

4 Length of stay in months

5 Country in which you stayed

6. Is the qualification that is to be accredited a vocational qualification? If so, please enter 'yes'.

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| It is recommended that ... subject semesters are accredited. | **Date/signature/stamp**  **Accreditation officer** |

\*) If accreditation is not granted a written explanation of the reasons must be provided on a separate sheet. For more information please refer to the guidelines on accreditation of course and examination achievements at FAU (https://www.uni-erlangen.de/einrichtungen/QM-Recht/rechtsangelegenheiten).