APPLICATION FOR ACCREDITATION OF PROVEN KNOWLEDGE Study Program First Name Surname Student Matriculation No Semester to be filled out by student I hereby, apply for accreditation for the following courses: Title of course, weekly contact hours per semester, semester, lecturer in the case of multiple courses, please use additional sheet Proven knowledge: Name of course, extent of course (hours), date of examination, institution, place of course Please attach a copy of certificates, confirmations and table of content Date Signature of student to be filled out by head of study program The accreditation has been □ approved disapproved partly approved, student has to participate in course examination due to proven knowledge. lack of conformity of proven knowledge concerning content and extent. only partial conformity of proven knowledge concerning content and extent. Details: Date Signature of Head of Study Program

Please note that all course contents including possible approved courses are relevant in case of final exams (e.g. final master examination). Recognition only comes into effect upon signature and approval by the Head of the study program. Prior to approval, attendance of the courses is obligatory. N.B. Only complete and correctly filled in forms accompanied by the necessary documents (credit records, certificates, course descriptions) can be processed. Applications received after the deadline cannot be considered.