

**Application**  
for credit transfer



Zentrum für studentische und akademische  
Angelegenheiten  
Centre for Student and Academic Affairs  
Altonaer Straße 25, 99085 Erfurt

Email: [pruefungsamt@fh-erfurt.de](mailto:pruefungsamt@fh-erfurt.de)

**1. Personal Details**

Last name, first name		Date of birth	
Degree course		Student ID number	
Telephone number	Email		

**2. Grounds for credit transfer**

<input type="checkbox"/> change of degree programme				
<input type="checkbox"/> university transfer (please stipulate country and university)	Country:		University:	
<input type="checkbox"/> study-related time abroad (please stipulate country, period of time, nature of stay)	Country:			
	Period of time:	Months:	Starting date:	Finishing date:
	Nature of stay:	<input type="checkbox"/> studying <input type="checkbox"/> study-related work placement <input type="checkbox"/> other study-related activity		
	Academic exchange programme:	<input type="checkbox"/> EU programme (e.g. Erasmus) <input type="checkbox"/> other programme (e.g. cooperation with an international university) <input type="checkbox"/> independently organized		
<input type="checkbox"/> professional qualification				
<input type="checkbox"/> other (please give details)				

**I hereby certify that the information I have provided is correct and complete.**

Town/city, date	Signature of applicant

**Note:**

Copies of proof of credits awarded (grade transcript, confirmation of grades) and the module description(s) must be supplied with the application.

**Supplement**  
to the application for credit transfer



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**I hereby apply for recognition of the following credits:**

Proof of credits submitted		Credits to be recognized			
Module / exam no.	Proof of credits submitted	Module / exam no. FH Erfurt	Recognition of credits only or as a graded examination	Grade	CP
	Last name, first name	Date	Signature	Yes	No*
Statement of the subject specialist					
Decision of the Examining Board					
	Last name, first name	Date	Signature	Yes	No*
Statement of the subject specialist					
Decision of the Examining Board					
	Last name, first name	Date	Signature	Yes	No*
Statement of the subject specialist					
Decision of the Examining Board					

\* If refused, please give brief reasons.

Remarks and additional notes: