

**Application for the Recognition of Courses of Other Faculties (CAU) as Elective Modules towards the Completion of a Master of Science**

Matriculation Number		
Striven degree		
Subject of Study		
Last Name, First Name		
adress		
Telephone or Mobile Number		

**Details on Course Being Sought Credit for:**

Course Title:		Number of Credits:
Faculty Offering the Course:		Type of Course:
Course Number:		Number SWS (credit hours):
Type of Examination:		Examiner:

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Date, Department stamp or Examiner stamp Signature of the Examiner  
 The signature is not required if the module is recorded in the system QIS.

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Date, Signature of the Student