

Faculty of Life Sciences Application for the transfer of competences acquired outside of university¹

Т								
Surname								
Forename								
Student ID								
E-Mail (HU-Account)								
Degree (B.Sc., M.Sc./M.A., M.Ed.)								
Title degree programme								
Major/minor (only B.Sc. combined)								
I hereby apply for the following con	npetences to be transferred:							
Duration from-to								
Workload in hours ²								
(number of hours actually worked								
EXCLUDING sick days, days of								
absence or holidays)								
(Substantiating evidence must be provided!)								

I would like to have these competences recognised as the following modules:

Core modules

No.	Title of module / course	Hours per week / ECTS	Signature & Stamp of lecturer	Date

 $^{^{\}rm 1}$ Maximum 50% of the total study credits $^{\rm 2}$ Conversion: 1 credit corresponds to either 25 hours or 30 hours of a student's workload – see module descriptions in your respective study and examination regulations.

Elective modules

No.	Title	of mo	dule / course	Hours per week / ECTS	Signature & stamp of lecturer	Date			
			e fill in "yes": v electives (ÜWP)						
Date and signature of the student									
To be completed by the Examination Board The transfer of the credits mentioned above is approved:									
Core	modul	es							
No.	Yes		If "no", please provide a	reason:					
	<u>ive mo</u>	1							
Electi No.	Yes	No	If "no", please provide	a reason:					
		1	If "no", please provide	a reason:					
		1	If "no", please provide	a reason:					
No.	Yes	No		a reason:					
No.	Yes	No	If "no", please provide electives (ÜWP) no", please provide a rea						

Date, signature and stamp of the Examination Board