



**Attachment to the Application for Recognition
Information on the Completed Studies or Examinations**

Name First Name
Date of Birth Semester
Student ID CMS/ Track

This form must be completed **on request** by the teacher in charge for the proposed module related to the study programs CMS.

The course examination stated below was taken at the following institution:

Course to be acknowledged that was taken at the institution stated above	SWS / Credits	Grade

Detailed contents of course:

If available, web pages of the course:

Relevant literature, studied during the course: lecture notes, books, articles, ...

Name and Email address of lecturer:

Proposed equivalent course according to valid Study Regulations

Date/Signature