



Application for Acknowledgement of Studies or Examinations Completed at Other Institutions

Name:	First Name:
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E-Mail:

Date of Birth:	Semester:
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Student ID:	Previous Study Course:
Application for the Study Course of the TUD: CMS/Track:	

The courses and examinations listed below were completed at the following institution:

(Name of Institution)

Note: If there are credits acknowledged with this application, which were achieved out of the study course, ex officio, a study period may be recognized accordingly. This may increase the amount of semesters studied.

I made the following prior applications for acknowledgment of completed studies or examinations:

Date of Application	Amount of credits acknowledged	Amount of semesters increased thereby

Hereby, I apply for the acknowledgement of the following study and examination results within the above mentioned study course shown on the second page of this application in detail.

I confirm that I have not failed any module examination or a comparable examination of the above mentioned study course in the final attempt.

I confirm that the courses/modules mentioned on the second page of this application have not been acknowledged for any other study courses and that no such acknowledgement process is pending when this application is submitted.

The courses/modules mentioned on the second page of this application have already been acknowledged for another study courses.

Name of the study course: _____

Name of the institution: _____



To be completed by the examination board:

(please tick as appropriate)

Please consider the § 16 of the CMS examination regulations.

The application for acknowledgement has been accepted as proposed.

The application for acknowledgement has been rejected by the following reasons:

Based on this application for acknowledgement of completed studies or examinations, _____ credits will be acknowledged in total.

Based on this and/or prior applications for acknowledgement of completed studies or examinations, ex officio, a study period amounting to ____ Semester(s) is being recognized.

Date: _____

Stamp, Signature: _____

Attachments:

Course/Module description form (to be completed by the applicant on request only)

Legal information:

The applicant may take legal action against this notification within one month upon announcement. Please submit your lawsuit in writing or verbally to transcription to the examination board of the related study course via the SCIS, Faculty of Computer Science, Technische Universität Dresden, 01062 Dresden.