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|-------------|---------------------|
| Received on | Registration number |
|-------------|---------------------|

## Application for credit transfer of complete course/module

This form may be used by students at Lund University. We recommend that you contact your department (find the contact person on the department's website) for advice on how to complete the form. Completed forms are to be sent via e-mail to your department (find the contact person and e-mail address on the department's website). Attach originals or certified copies of your grades/transcript of records. Also attach copies of, or links to, course syllabi or equivalents for the courses on which your application is based. List any other documents you use to support your application.

### Application

**To be completed by the student:**

|   |         |            |
|---|---------|------------|
| Personal identity number  | Surname | First name |
| E-mail address  |         |            |
| I have been admitted to the following programme/course at the Faculty of Science, Lund University |         |            |
| I intend to complete the following degree at the Faculty of Science, Lund University              |         |            |

### 1. I studied the following course/s for which I would like credits transferred:

|    | Course code | Title of course or module concerned | Credits (HP/ECTS) | Higher Education Institution |
|----|-------------|-------------------------------------|-------------------|------------------------------|
| 1  |             |                                     |                   |                              |
| 2  |             |                                     |                   |                              |
| 3  |             |                                     |                   |                              |
| 4  |             |                                     |                   |                              |
| 5  |             |                                     |                   |                              |
| 6  |             |                                     |                   |                              |
| 7  |             |                                     |                   |                              |
| 8  |             |                                     |                   |                              |
| 9  |             |                                     |                   |                              |
| 10 |             |                                     |                   |                              |

**Description of how to complete the tables on the following page:** Complete table 2 below if you wish to transfer the credits as elective courses. Complete table 3 below if you wish to transfer the credits to specific courses/modules.

**2. I wish to transfer these credits as elective courses:**

| Course code as per table 1 | Credits (HP/Ects) | Semester | Cycle (first or second) |
|----------------------------|-------------------|----------|-------------------------|
|                            |                   |          |                         |
|                            |                   |          |                         |
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|                            |                   |          |                         |
|                            |                   |          |                         |
|                            |                   |          |                         |

**3. I wish to transfer these credits to the following courses/modules at the Faculty of Science:**

| Course code as per table 1 | Course code | Exam code where applicable | Module where applicable | Credits | Semester and year | Cycle (first or second) |
|----------------------------|-------------|----------------------------|-------------------------|---------|-------------------|-------------------------|
|                            |             |                            |                         |         |                   |                         |
|                            |             |                            |                         |         |                   |                         |
|                            |             |                            |                         |         |                   |                         |
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|                            |             |                            |                         |         |                   |                         |
|                            |             |                            |                         |         |                   |                         |
|                            |             |                            |                         |         |                   |                         |

**Decision**

- Granted *completely* as per application
- Granted after supplementary completion of the application, see above
- Granted *in part* as per application, documentation of the decision is attached, including instructions on how to appeal
- Completely rejected, documentation of the decision is attached, including instructions on how to appeal

|   |           |      |
|---|-----------|------|
| Decision-maker by delegation from the vice-chancellor, name | Signature | Date |
| Processing Officer, name                                    | Signature | Date |

If you wish to lodge an appeal against the decision, you must do so in writing to the Higher Education Appeals Board. However, the appeal document is to be sent or handed in to Lund University, Box 117, 221 00 LUND. You must indicate which decision you are appealing against, for example by providing the registration number of the decision, and the change in the decision which you are requesting as well as the circumstances you are referring to in support of the change requested. The appeal must have been received by Lund University within three weeks of the day the appellant was informed of the decision.