

Request for Transfer Credits According to § 4 Abs. 1 RaPO and 13 APO/§ 31 ASPO (Attachment to the Application for Admission) - External

Family Name: _____ Name: _____

Street Address: _____ Postal Code/City: _____

Enrolment No.: _____ Enrolled since: _____

Previous University: _____ Previous Degree Program: _____ New Degree Program: _____

E-mail Address: _____ @th-nuernberg.de

I request the recognition and transfer of the following credits:

The documents required for the credit transfer process (transcript from the institutions where the courses were completed, module description for each course) are attached.
Important: Please provide both the German and English (or at least the English) course names as you receive them from the institution where the courses were completed.

Nr.	Requested Transfers			To be Approved for:			Date, Signature of Examination-Board / Instructor / Examiner	If applicable:	
	ECTS	Mark		Course or Module Name	ECTS	Mark		General Elective	Special Elective
1.									

The student is admitted into the new degree program in the semester based on the acceptance of semester(s) of coursework from a previous degree program.

For recognition of professional experience for the internship semester, a separate request must be submitted!

Deadlines: The request for transfer credits must be submitted together with the Declaration of Acceptance/Request for Definite Enrolment (Antrag auf Immatrikulation) in order to be admitted into the correct semester of your degree program. Thereafter requests for transfer credits may be submitted in any semester; such requests must be submitted no later than four weeks after the first day of the semester.

_____, _____
(City) Date Student's Signature

Data protection: the personal data you provide during your application is stored and processed by the Technische Hochschule Nürnberg Georg Simon Ohm. further information on how Nuremberg Tech handles your personal data can be found at the following link: <https://www.th-nuernberg.de/datenschutz/>

I. To the Examination Board Chair:

_____, _____
(City) Date EB-Chair's Signature

II. Returned to the Student Office

Entered into the System

Letter sent to the student