

# APPLICATION FOR COURSE EQUIVALENCY ASSESSMENT

**Student Data:**

First Name:

Surname:

Student ID:

**Course Data:**

Partner Institution:

Term of Exchange:

To be filled out by the liaison officer:

Courses of Partner Institute	ECTS/ Credits	Courses MODUL University	ECTS	Equivalence given
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				<input type="checkbox"/>
Total		Total		<input type="checkbox"/>

Student's signature:

  
  

\_\_\_\_\_

Date                      Signature

Liaison officer's signature:

  
  

\_\_\_\_\_

Date                      Signature