



## Application for the Assessment of the Eligibility for Recognition of a non-faculty Module

Matriculation-Nr.:

Name:

First Name:

**Faculty at which the examination is to be taken:**

**Examination Number** (to be inquired at the LSF or at the respective faculty):

**Module Title** (Deutsch/Englisch):

**Area in which recognition is desired:**

Lecture

Seminar

Scientific Project

**Quantity of CP:**

**Name of the examiner:**

**Note:** A meaningful module description must be enclosed with the application in order to successfully assess the eligibility for recognition.

**To be filled in only by the Examination Office:**

**Recognition possible:**  Yes

No

Date/Signature Head of Examination Office: \_\_\_\_\_ / \_\_\_\_\_