



--

Application for credit transfer

NB! Read the Kristianstad University Rules and Instructions before filling in the form.

Personal details

Surname, first name

Personal identity number

--	--

Street address

Post code and town/city

--	--

Email address

Telephone

--	--

Study details

My application for credit transfer concerns:

Admitted (semester and year)

	Programme and programme code:	
	Freestanding course (course and course code):	

I wish to have the credits for the following course / module I am admitted to at Kristianstad University transferred to my programme/course

Course code Programme/freestanding course/parts (examination code)

Credits

I wish to have the credits for the following course(s)/module(s) transferred to the course above

Course code Programme/freestanding course/parts (examination code)

Credits

University

I wish credits for my work experience stated in the attached certificate of employment to be transferred to the course above

Employed as

Employer

Total number of months

Number of full-time months

Signature student

Date

Signature

--	--