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# 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

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Street address

Post code and town/city

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Email address

Telephone

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## Study details

My application for a leave from studies 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

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