



## Application for the Registration for Modules at other Faculties

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):

**Examination Date:**

**Area in which recognition is desired:**

Lecture

Seminar

Scientific Project

**Quantity of CP:**

**Name of the examiner:**

**Note:** *In order to successfully apply for a non-faculty module, the application form for the verification of eligibility for recognition must first be completed and confirmed.*

Date/Signature of the Student: \_\_\_\_\_ / \_\_\_\_\_

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

**Recognition possible:**  Yes

No

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