TECHNISCHE HOCHSCHULE
OSTWESTFALEN-LIPPE
UNIVERSITY OF
APPLIED SCIENCES
AND ARTS

Application for recognition of academic achievements in the faculty IAT of the TH OWL

Surname, First name: _____ **Matriculation No.:** _____

To be completed by the student:								To be completed by TH OWL			
Former University: _____ **Former Degree Program:** _____				**TH OWL faculty IAT** **Degree Program:** _____							
Module Number	**Module Title**	**Credits**	**Grade**	**Module Number**	**Module Title**	**Person in charge for the Module**	**Credits**	Grade	Scope and Level confirmed	Contents confirmed	Reason if rejected

Based on the documents provided, there are no objections to the above-mentioned coursework and examinations being recognized for the above-mentioned degree program.

_____ _____

Date / Signature of the student

Date / Signature of the Chair of Examination Board