



Request of acceptance of study obligations

Applicant	
Applicant's title, first and last name:	
Date of birth:	
Doctoral study programme:	
Start of study (year):	
Contact address:	

I request a recognition of the following courses:		
The title of the fulfilled course (incl. SIS code, if applicable)	Type of certification received (Ex/C), date of fulfilment	The title of the course I want the original course to be recognised (incl. SIS code, if applicable)

I am attaching the following documents to support my request:	
A syllabus of the fulfilled course(s)/description of the course	
A transcript of records or other document proving that the abovementioned courses were fulfilled (or a scan of the credit book, certificate, etc.)	
Date and applicant's signature:	

Supervisor's statement:	
Agree Disagree for the following reasons	
Supervisor's titles, first name and last name:	
Date and supervisor's signature:	

Subject guarantor's statement:	
Agree Disagree for the following reasons	
Guarantor's titles, first name and last name:	
Date and guarantor's signature:	

Statement of the subject area board:	
Agree Disagree for the following reasons:	
SAB's chair name	
Date and signature:	

Records of the Department for PhD Study:	
Delivered on:	
Forwarded to the SAB:	