**Application for recognition of study/examination achievements according to § 18 SPO 2018**

**Student details:**

Name:       Matriculation number:

E-Mail address:      @student.kit.edu Semester:

External university:

External programme:

External achievement:       Examination date:

Internal achievement (KIT):       (deutsch)

(Module/course)       (deutsch)

       (englisch)

       (englisch)

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| I hereby confirm that there is no significant difference between the above-mentioned achievements with regard to the skills acquired:  |
| Examiner:  |

 Date Institute stamp Signature of the examiner

**Vom Prüfungsausschuss einzutragen: LP:**       **Note:**

**Zu verbuchen als:**

I confirm the accuracy of the information provided here:

Karlsruhe,

Place, date Signature of the student

Die oben genannten Leistungen werden nach §18 SPO 2018 anerkannt.

Datum Stempel Prüfungsausschuss Unterschrift Prüfungsausschuss

**Notes on the process for achievements / skills acquired at universities:**

* If several achievements are to be recognized with this form, please copy the template provided on the following page to the relevant office.
* It is recommended to discuss any uncertainties with the student advisory service before submitting the application. Contact persons for the degree program can be found on the homepage.
* The application must then be submitted to the Examination Board.
* After the decision on your application, you will be informed of the decision. At the same time, you will receive information on the further process.

**Information on the process for achievements / competences NOT acquired at universities:**

Very individual case-by-case assessments are often necessary here. Therefore, please contact the Student Advisory Service before submitting your application. Contact persons for the degree program can be found at https://gug.bgu.kit.edu/ansprechpartner.php

Externe Leistung:       Prüfungsdatum:

Interne Leistung (KIT):       (deutsch)

(Modul/Teilleistung)       (deutsch)

       (englisch)

       (englisch)

|  |
| --- |
| Hiermit bestätige ich, dass zwischen den oben genannten Leistungen hinsichtlich der erworbenen Kompetenzen kein wesentlicher Unterschied besteht:  |
| Prüfer/in:        |

 Datum Institutsstempel Unterschrift Prüfer/in

**Vom Prüfungsausschuss einzutragen: LP:** \_\_\_\_\_\_ **Note:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zu verbuchen als:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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