



## Form for application of credit transfer in third cycle education at the Faculty of Science and Technology

Submit this form to the department administrator including the course certificate (or equivalent) as well as any other documents that you want to rely in the case.

### To be completed by the doctoral student:

Name: _____		Civic registration number: _____	
The credit transfer shall be based on this course (or equivalent): _____			
University: _____		Country: _____	
If applicable Swedish / English translation of course title: _____			
Extent of the course: _____		credits (hp)/ECTS _____	
Credited as:			
<input type="checkbox"/>	Credits within the general study syllabus: _____ credits (hp)		
<input type="checkbox"/>	A specific course <sup>1</sup> : _____		
Signature: _____		Date: _____	

---

<sup>1</sup> This option is used if the course (or part of the course) replaces a course (or part of a course) that is mandatory within the general study syllabus.



**To be completed by the department administrator:**

<hr/>	
Application received by:	Registered at Umeå University, date:
<hr/>	
Signature:	
<hr/>	

**To be completed by the supervisor:**

<input type="checkbox"/> The application is recommended	<input type="checkbox"/> The application is partially recommended, specify below.
<input type="checkbox"/> The application is denied, motivate below.	
Motivation / specification, if the application is partially or in whole denied:	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
Name:	
<hr/>	
Signature:	Date:
<hr/>	



**To be completed by the decision maker (Head of department but may be delegated to the examiner for doctoral studies):**

The application is approved       The application is partially approved, specify below.

The application is denied, motivate below.

Motivation / specification, if the application is partially or in whole denied:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the department administrator:**

The decision is finally documented in *Ladok*

Date: \_\_\_\_\_

The decision is announced to the student

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Instruction regarding appeal:**

If you think that the decision is wrong, and that it is fully or partially denied, you have the right to appeal against the decision to the *Higher Education Appeals Board* in accordance with the *Higher Education Ordinance (1993:100)*. Your appeal must reach Umeå University within three weeks of the date that you received notification of the decision. If the appeal reach Umeå University later than three weeks of the date that you received notification of the decision, your appeal will be dismissed. The appeal is to be set to the *Higher Education Appeals Board* but sent to Umeå University<sup>2</sup>. The appeal must contain: date of the decision, which decision is being appealed and the change that you request, the reason why the decision should be changed, your name, address, telephone number, email address, and your signature.

\_\_\_\_\_

<sup>2</sup> Umeå universitet, Registrator, 901 87 Umeå