

Reg. no……………………

Received

**Application to be sent to:**

Lund University

Faculty of Medicine

BMC F11
221 84 Lund

(Internal mailing code 66)

Application for credit transfer

NB! Credited courses are not eligible for student finance.

Personal details

Fill in the form electronically

|  |
| --- |
| Personal identity number |
|       |
| Name | Surname |
|       |       |
| Address |
|       |
| Postal code | City |
|       |       |
| Telephone | Email |
|       |       |

|  |  |  |
| --- | --- | --- |
| Admitted to programme/freestanding course | Started  | Programme semester |
|      Office of the Faculty of Medicine, 7 December 2016 | Autumn 20      |       |
| Spring 20      |

# I request credits to be transferred in substitution of the following course/module at Lund University:

|  |  |  |
| --- | --- | --- |
| Course title | Credits | Course code |
|       |       |       |
| Title of examination/module (if your request concerns a part of a course) | Credits | Course code |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

# Previous qualifications to be used for credit transfer:

Courses

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Course title | Credits | Course code |
|  |       |       |       |
|  | If the course is part of a programme, state which | Higher education institution |
|  |       |       |
| 2 | Course title | Credits | Course code |
|  |       |       |       |
|  | If the course is part of a programme, state which | Higher education institution |
|  |       |       |
| 3 | Course title | Credits | Course code |
|  |       |       |       |
|  | If the course is part of a programme, state which | Higher education institution |
|  |       |       |

Professional experience

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hospital/healthcare facility/clinic/other | Service as a | Period of service |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |

# Attained learning outcomes to be included in the credit transfer

To be completed by students on the programmes in midwifery, medicine, diagnostic radiology nursing, nursing, and specialist nursing.

|  |  |  |
| --- | --- | --- |
| Copy and paste the learning outcomes listed in the syllabus for the LU course you wish to skip | Describe how the learning outcomes have been attained (attach syllabus/equivalent) | Ref. to the relevant place in the attachment |
| 1.
2.
3.
 | 1.
2.
3.
 | 1.
2.
3.
 |
| Expand on the list below with a new number for every learning outcome, and the corresponding number for the description and reference to the attachment. |

# I have read the instructions and certify that my application is accurate and complete.

|  |  |
| --- | --- |
|      ***………………………………….***Date |      ……………………………………………………………,Signature  |

Instructions

Fill in a form for every course you wish to be given credit for (substitute).

All applications must be complete (correctly filled in and including all relevant documents).

Incomplete applications will not be processed.

Documents to be included in the application

Previous course/module:

* Study certificate\* (e.g. Ladok) in Swedish and English.
* Course syllabus/syllabi which clearly indicate the outcomes/components you believe correspond to the course/module you wish to be given credit for (substitute).
* Any other documents relevant to your application.

Professional experience:

* Certificate of service\*

\* Copies of certificates/transcripts which are not available in Ladok must be certified, including the name and telephone number.

Decision

The decision will be sent to your home address.

If the application is rejected, information on how to appeal will be included in the decision.