

**APPLICATION FOR TRANSFER OF CREDITS WITHIN THE FACULTY OF ARTS AND SCIENCES**

Name: \_\_\_\_\_ Personal identity number: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode, Town: \_\_\_\_\_ Email: \_\_\_\_\_

University/institution of higher education from which transfer for credit is desired (name, town and country) \_\_\_\_\_

Transfer of credit is desired within the programme/single-subject course: \_\_\_\_\_

**NB! PRINT THIS FORM IN LANDSCAPE MODE!**

To be completed by the applicant					DECISION			
Course/components taken	Date of grade	Grade awarded	Credits	To be transferred as credit for	Course code /component	Credits	Granted	Rejected
1)								
2)								
3)								
4)								
5)								

Attach copies of grades, course descriptions and, where relevant, literature lists. Use an additional sheet if necessary.

Signature of applicant, and date: \_\_\_\_\_

DECISION		
_____	_____	_____
Date	Signature of programme coordinator/director of studies or equivalent	Name (block capitals)
Reasons for rejection, where relevant:		

**INFORMATION ON THE RIGHT OF HAVING A DECISION RECONSIDERED**

In the case a student is dissatisfied with this decision, it is possible to write to the university and ask for reconsideration. State the decision by referring to the diarium given on the first page of this document. In writing, describe the reasons for the dissatisfaction and explain why the decision should be changed. A request for a reconsideration of a decision should be sent or handed to the university registrar at the latest three weeks after this decision has been received. A request handed in later will not be considered. A request for a reconsideration of decision is sent/handed to: Linköpings universitet, registrar, 581 83 Linköping. For more information of this matter, please contact the undersigned, telephone 013-28 10 00 (LiU switchboard).