

Professional Master

APPLICATION FORM FOR CREDIT TRANSFER

THE FACULTY OF THEOLOGY

UNIVERSITY OF COPENHAGEN



Name: _____ Cpr.nr.: _____

Address: _____

Tel.: _____ E-mail adress: _____

Course description should be attached with documentation showing course level and credits earned.

Credit transfer application:

Courses for transfer:	ECTS	Semester	Educational Institution

Date: _____ Signature (student): _____

TO BE COMPLETED BY THE DIRECTOR OF STUDIES:

I, the Director of Studies confirm the above

Date: _____ Director of Studies: _____