



## APPLICATION FORM FOR THE ACADEMIC RECOGNITION OF EXCHANGE/MOBILITY PROGRAMMES

Mr/Ms			<del></del>	<del></del>		
		Province of birth:				
ID card number: Address:						
No.:	Postcode:	Province:		<del> </del>		
Telephone no	umber:					
Student at th	e Faculty or School o	of		<del></del>		
Degree progr	ramme:					
		STATEME	ENT			
	_		_ / 20, I have completed a			
				<del></del>		
(LLP/Erasmu	us / Exchange / Free-	mover Programme) at th	e University of			
(faculty or sc	chool code:	). Country:		Order no.:		
		Coordinator	in Granada:			
I hav	ve attached an acad	emic transcript of the co	ourses completed with their of	corresponding grades.		
For all the ab	oove reasons:		•			
		REQUES	ST			
I her	eby request the reco	gnition of the courses lis	eted overleaf, in accordance v	vith the conditions laid		
down in the	General Regulations	on Adaptations, Valida	tions and Recognition of Cre	edits, the International		
Student Mob	ility Regulations of th	e University of Granada	and the report by the corresp	onding coordinator.		
		Granada,	[Date]			
	0:					
	Signa	ture:				
The personal da	ata you provide in this fo	rm will be processed by the I	UNIVERSITY OF GRANADA, with	headquarters in Avda. del		

Hospicio, s/n 18071 Granada, for its relevant purposes. You may exercise your rights of access, rectification, cancellation and opposition to the processing of your data by sending a written request to the University of Granada Secretary's Office at the address indicated above, accompanied by a copy of your ID card. This information is provided in accordance with Article 5 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.

Vice-Rectorate for Teaching and Learning

Website: http://escuelaposgrado.ugr.es





OPTIONS: 1 - Recognition of a full academic year (\_)

2 - Recognition of courses (\_)

3 - Recognition of credits (\_)

COURSES COMPLETED IN**			COURSES TO BE RECOGNISED AT THE UNIVERSITY OF GRANADA			
Name of the course*	Grade	Credits	Name of the course**	Grade	Credits	

## **INSTRUCTIONS**

You must submit this form to the academic coordinator of your UGR faculty or school accompanied by a certified copy of the official academic transcript of your host faculty or school.

You must also attach a copy of your grant holder certificate.

- \* Full name of the course in the language of the country where the studies have been completed, specifying the grade obtained and the number of credits earned, if any.
- \*\* Full name of the course to be recognised (according to the curriculum) specifying the grade, number of credits and the year or study cycle to which it corresponds.

## CHAIR OF THE ADVISORY COUNCIL FOR POSTGRADUATE EDUCATION OF THE UNIVERSITY OF GRANADA

Avenida de Madrid, 13 - 18071 Granada Website: http://escuelaposgrado.ugr.es





## REPORT BY THE ACADEMIC COORDINATOR OF THE MASTER'S DEGREE PROGRAMME

	[Date]	
Signature:		

This report must be as thorough as possible and always comply with the details provided in the learning agreement signed by both parties.