

**Submit to:**

**Prof. Dr. Georg Stauch**  
Chair of the Examination Committee  
geo-geospheres@uni-wuerzburg.de

# Application for Recognition of Academic Achievements

## MSc GEOSPHERES

I hereby apply for recognition of successful completion of the course listed below within the MSc GEOSPHERES programme.

1

Applicant details

|                         |                |       |
|-------------------------|----------------|-------|
| Family name, given name | Student ID no. | Email |
|-------------------------|----------------|-------|

2

Course and module details

|                                                  |          |              |
|--------------------------------------------------|----------|--------------|
| Course title (as listed in the course catalogue) |          |              |
| Module title / degree programme                  |          | Lecturer     |
| Course no.                                       | Semester | ECTS credits |

3

Assessment by the lecturer

|       |                           |
|-------|---------------------------|
| Grade | Signature of the lecturer |
|-------|---------------------------|

4

Module allocation

| Select                   | Examination no. | Module code           | Module component description                                         |
|--------------------------|-----------------|-----------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> | 04105060        | 04-Geo-GS-FE1-252-m01 | Subsidiary subject-specific development for Students of GEOSPHERES 1 |
| <input type="checkbox"/> | 04105070        | 04-Geo-GS-FE2-252-m01 | Subsidiary subject-specific development for Students of GEOSPHERES 2 |
| <input type="checkbox"/> |                 |                       | Other (please specify)                                               |

**Required attachment:** A complete transcript of records documenting all coursework and examinations in the MSc. GEOSPHERES passed to date must be attached to this application.

5

Approval by the Examination Committee

|      |                                                     |
|------|-----------------------------------------------------|
| Date | Signature of the Chair of the Examination Committee |
|------|-----------------------------------------------------|

**Afterwards submit to:** Academic Advisory MSc GEOSPHERES, Dr Angela Tintrup gen. Suntrup, Room 230, Mailbox No. 13, Geography Building, Am Hubland (South), 2nd floor.