CARL VON OSSIETZKY UNIVERSITÄT OLDENBURG

Request for Credit Transfer

(to be submitted to Program Coordinator)

Last name, First name		Student	Student Number		
Postal Address		E-Mail	E-Mail		
1. Subject		2. Subject (if applicable)			
Degree pursued: Master's Program					
Master of Education					
Course to be transferred to Oldenburg (title of module, consistent with transcript of the university, where the course was taken)	Module in Oldenburg (for which the transferred course is to be used)	Credit Points	Grade * of the course to be transferred	Comments	
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* ungraded courses will be transferred as 'pass'

Approved by: