

## <u>Formular I</u>

## **Application for Nostrification**

Intended domestic academic degree:

University of Applied Sciences degree program (Bachelor's/Master's):

| Family name, first name   |  |
|---|--|
| Address, telephone number, e-mail   |  |
| Social insurance number (if available), date of birth, place of birth, country  |  |
| Citizenship   |  |
| Name of the school at which the final examination of secondary-school was taken |  |
| Date of final examination   |  |
| Universities of Applied Sciences/Universities, at which studies were completed  |  |
| Semester enrolled/credits earned  |  |
| Field of study, specialization  |  |
| Diploma examination or final examination  |  |
| Date of issue of the certificate  |  |
| Subject of the Bachelor's thesis/Master's thesis                                |  |
| Wording of the foreign academic degree/title:                                   |  |

I hereby certify that the above information is correct: