Surname, First Name			
Student ID:			
For the attention of:			
		A	e e colo
Prof. Dr		– Accreditation office	er, Faculty
Programme:		(B/M)	
Application for the accreditation of international studies prior to			
commencing study at HTW Berlin			
At (Name of Institution).			
At (Name of Institution):			
Located in (City):			
Programme:			(B/M/D)
Module		Credits/Weekly study hours	International grade
Accredited for the module from	າ the	(B/M) pro	ogramme at HTW Berlin:
Module		Credits/Weekly study hours	German grade
Berlin, date:		Signature, student a	applying for accreditation
Confirmed / declined:			
(Please cross out <u>non-applicable</u>	options)		
Date		Signature, accrediting professor	

<u>Annexes</u>

Certificate
Module Descriptions
Accreditation
Grade conversion