

PERSONAL DETAILS

Family name (on your passport or birth certificate)	Given names	
Degree programme	Student identification No.	Entry group

HIGHER EDUCATION COURSES TO BE RECOGNISED IN HAMK DEGREE (to be completed by student)

Official name of higher education institution where completed		
Name of certificate / degree	Scope of degree, credits	Date of issue
Please attach copies of certificates, copies in English and other clarifications		No. of enclosures

HAMK STUDIES TO BE RECOGNISED (to be completed by student)

	Course in HAMK curriculum or in degree competence description	Code	Scope cr	Position in PSP *
1			cr	
2			cr	
3			cr	
4			cr	
5			cr	

* P = compulsory, core competence S = major subject/minor subject / advanced professional studies (master), profiling competence V = optional studies or professional skills 99991206. Give the original and English name of the course. If necessary, use attachment.

Date and place	Student's signature
----------------	---------------------

The application is to be submitted to the degree programme's student counsellor

APPLICATION RECEIVED ON
_____ Signature _____ Student counsellor

STUDENT COUNSELLOR'S STATEMENT (INCLUSION) AND TEACHER'S STATEMENT (SUBSTITUTION)

	Statement	Reasons
1	<input type="checkbox"/> I am in favour of credit transfer. <input type="checkbox"/> I am in favour of partial credit transfer. <input type="checkbox"/> I oppose credit transfer.	
	Date _____ Signature and name in print _____	
2	<input type="checkbox"/> I am in favour of credit transfer. <input type="checkbox"/> I am in favour of partial credit transfer. <input type="checkbox"/> I oppose credit transfer.	
	Date _____ Signature and name in print _____	
3	<input type="checkbox"/> I am in favour of credit transfer. <input type="checkbox"/> I am in favour of partial credit transfer. <input type="checkbox"/> I oppose credit transfer.	
	Date _____ Signature and printed name _____	
4	<input type="checkbox"/> I am in favour of credit transfer.	

	<input type="checkbox"/> I am in favour of partial credit transfer. <input type="checkbox"/> I oppose credit transfer.	
	Date _____ . _____ . _____	Signature and printed name _____
5	<input type="checkbox"/> I am in favour of credit transfer. <input type="checkbox"/> I am in favour of partial credit transfer. <input type="checkbox"/> I oppose credit transfer.	
	Date _____ . _____ . _____	Signature and name in print _____

DECISION BY HEAD OF DEGREE PROGRAMME

	Statement	Reasons
1	<input type="checkbox"/> I accept as proposed <input type="checkbox"/> I reject the application because:	<input type="checkbox"/> application is incomplete <input type="checkbox"/> requirements have not been met <input type="checkbox"/> studies allow partial credit transfer, please contact your teacher
2	<input type="checkbox"/> I accept as proposed <input type="checkbox"/> I reject the application because:	<input type="checkbox"/> application is incomplete <input type="checkbox"/> requirements have not been met <input type="checkbox"/> studies allow partial credit transfer, please contact your teacher
3	<input type="checkbox"/> I accept as proposed <input type="checkbox"/> I reject the application because:	<input type="checkbox"/> application is incomplete <input type="checkbox"/> requirements have not been met <input type="checkbox"/> studies allow partial credit transfer, please contact your teacher
4	<input type="checkbox"/> I accept as proposed <input type="checkbox"/> I reject the application because:	<input type="checkbox"/> application is incomplete <input type="checkbox"/> requirements have not been met <input type="checkbox"/> studies allow partial credit transfer, please contact your teacher
5	<input type="checkbox"/> I accept as proposed <input type="checkbox"/> I reject the application because:	<input type="checkbox"/> application is incomplete <input type="checkbox"/> requirements have not been met <input type="checkbox"/> studies allow partial credit transfer, please contact your teacher
	Date _____ . _____ . _____	Signature and name in print _____

The decision is forwarded to the student affairs office where it is entered into the credit record database. A copy of the decision is sent to the student and to the teacher. The original is filed in the student affairs office.

Student was informed of the decision on ____ . ____ . _____ Signature _____

APPEALS

If the student is dissatisfied with the decision by the head of degree programme, he/she may appeal to the Board of Examiners within 14 days of the date when it was possible to personally access information on the decision. The appeal should be addressed to the Board of Examiners, Registry Office, PO Box 230 (Visamäentie 35 A), 13101 Hämeenlinna. The decision of the Board of Examiners is final.