

APPLICATION FOR TRANSFER OF CREDITS

LUND UNIVERSITY Campus Helsingborg	Communicati Diarie registra	Form valid for the Department of Strategic Communication, Department information only Diarie registration no: Form submitted date:					
Name		Civic r	egistration number				
Email	ail			Phone			
I study the following programme/course:				Admitted (year):			
I would like to transfer the following courses:				(7-5-7			
At what University did you study th	ne above courses:			Year:			
Date	Signature	Signature					
Decisions on credit of transfer can be appuniversity, Box 117, 221 00 Lund. The appappeal needs to contain contact details (blaced within three weeks of the day the Department decision: Application: App	peal is to state which decision name and address and prefo	on is appeale erably an em	d against and the mo	tivation for chan	ge. The		
Decision made by:	5: .	_					
Following course/courses:	gramme Director	cr	Date Transfers to:		cr		

Registered in Ladok: _____ Sign____ Student announced: ___