Previous university		
Faculty and/or departme	ent	
Street address		Contact (name)
Post code	Town/city	Contact (telephone number)

To the Examinations Committee of the School of Business and Economics of Friedrich-Alexander-Universität Erlangen-Nürnberg Lange Gasse 20

Application for accreditation

of previous study periods and examination achievements for students changing university/subject in **APPENDIX II** 

90403 Nürnberg

## **Proof of right to sit examinations**

## 1. Applicant's details

Last name	First name	Date of birth
Degree programme studied at previous university	Degree	

Period enrolled at previous university

## 2. Confirmation

We hereby confirm that the aforementioned student

☐ has not failed any examination at the final attempt.

☐ has not lost the right to sit examinations in the degree programme cited above.

Reason for the loss of the right to sit examinations:

failed the following subject/examination at the final attempt:

other reason:

has registered for the following examinations(please enter in table below).

☐ has not yet attempted any examinations

□ has attempted the following examinations so far. In the event of failed examinations, please state resit period (please enter in table below or attach an overview).

Subject/examination	Attempt	Resit period	Registered for examina- tions