



The Faculty of Mathematics and Natural Sciences

## APPLICATION FOR RECOGNITION OF FOREIGN CREDENTIALS

| Family name   |   |                                   |  |                    |  |                                 |                            |
|---|---|-----------------------------------|--|--------------------|--|---------------------------------|----------------------------|
| First and middle na                                       | me(s)   |                                   |  |                    |  |                                 |                            |
| Previous names (if a                                      | appliaghta)   |                                   |  |                    |  |                                 |                            |
| Frevious names (ii a                                      | applicable  |                                   |  |                    |  |                                 |                            |
| Date of birth (dd/mm/yr)                                  |   | Norwegian ID n<br>(if applicable) | Norwegian ID number<br>(if applicable)       |                    |  | Male                            | Female                     |
| Mailing address   |   |                                   |  |                    |  |                                 |                            |
| Postal code   | Postal office   | Country                           |  |                    |  |                                 |                            |
| E-mail address  |   |                                   | Phone numbe                                  | r (work)           | Phone no                                     | Phone no. (private) Telefax no. |                            |
| Citizenship   |   |                                   | Do you have r                                | esidence           | permit in                                    | Norway?                         | <u> </u>                   |
|   |   |                                   | □ Yes □ N                                    | ٩o                 |  |                                 |                            |
| П   |   |                                   |  |                    |  |                                 |                            |
| Have you been adm   | itted to the Universi                                 | ity of Bergen?                    | If no, have you                              | applied for        | or admissio                                  | on?                             |                            |
| 🗌 Yes 🗌 No  |   |                                   | □ Yes □                                      | No                 |  |                                 |                            |
| ш   |   |                                   |  |                    |  |                                 |                            |
| I apply for recognition of                                |   |                                   | Maine Onkingt Area                           |                    |  |                                 |                            |
| Studies/Degrees (in <b>original language</b> )<br>1.      |   |                                   | Major Subject Area                           |                    |  |                                 |                            |
|   |   |                                   |  |                    |  |                                 |                            |
| 2.  |   |                                   |  |                    |  |                                 |                            |
| 3.  |   |                                   |  |                    |  |                                 |                            |
| IV  |   |                                   |  |                    |  |                                 |                            |
| Purpose   |   |                                   | I  |                    |  |                                 |                            |
| Further studies. Please indicate aim of further studies:  |   |                                   | Non-academic purposes:                       |                    |  |                                 |                            |
| Bachelor degree Master degree Doctoral degree             |   |                                   | Employment Professional qualifications Other |                    |  |                                 |                            |
| v   |   |                                   |  |                    |  |                                 |                            |
| If further studies, w                                     | hat is the aim of rec                                 | ognition?                         |  |                    | 1  |                                 |                            |
|   |   |                                   |  |                    | Degree or partial degree equivalence.        |                                 |                            |
| part(s) of a degree, please specify please specify which: |   | n:                                |  | If degre<br>which: | If degree equivalence, please specify which: |                                 |                            |
|   |   |                                   |  |                    |  |                                 |                            |
|   |   |                                   |  |                    |  |                                 |                            |
|   |   |                                   |  |                    |  |                                 |                            |
| For master program  |   | ·                                 |  |                    |  |                                 |                            |
|   | nasterprogram) (pleas<br>. <u>no/</u> under Courses/P |                                   | l of study ( <i>studie</i><br>rses/Programme |                    | lease see                                    | http://prospe                   | <u>ctive.uib.no/</u> under |
|   |   |                                   |  |                    |  |                                 |                            |

Phone: +47 55 58 30 30

## VI

|                          | Name of institution | ersities which you have attended (a<br>Town and country | Title of certifications | Started | Finished |     |
|--------------------------|---------------------|---|-------------------------|---------|----------|-----|
|                          |                     |   |                         | (mm/yr) | (mm/yr)  | age |
| Secon-<br>dary           |                     |   |                         |         |          |     |
| school                   |                     |   |                         |         |          |     |
| Post<br>secon-           |                     |   |                         |         |          |     |
| dary<br>school           |                     |   |                         |         |          |     |
| Higher<br>Edu-<br>cation |                     |   |                         |         |          |     |
|                          |                     |   |                         |         |          |     |

## VII

| Enclosures – MUST be numbered  |  |                  |
|--|--|------------------|
|  |  | Enclosure number |
| Proof of name change (if applicable)   |  |                  |
| *Official certified copies, in original language of  | Final degree diploma(s)                            |                  |
| Official certified copies, in original language of   | Transcripts/mark sheets/index/relevé de notes      |                  |
| *Official translation in English or a  | Final degree diploma(s)                            |                  |
| Scandinavian language of   | Transcripts/mark sheets/index/relevé de notes      |                  |
| Certified course descriptions/syllabi/excerpt of unive<br>about the duration of each course and the type of ex<br>English or a Scandinavian language, please enclose | amination given. If these descriptions are not in  |                  |
| Reading lists  |  |                  |
| Certified documentation of minimum stipulated study  | period for degree(s) or course(s) taken            |                  |
| Certified, brief explanation of credit system, with indi   | cation of normal study load per term/semester/year |                  |
| * Compulsory!  |  | 1                |

If any of the documents requested for evaluation are not enclosed, please explain why:

## I certify that the information given is correct, and that the enclosures are authentic, unaltered documents that apply to me.

| Place | Date  | Signature |
|-------|-------|-----------|
|       | 2 410 | eignataie |
|       |       |           |
|       |       |           |

Phone: +47 55 58 30 30