



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	applicable)						
Date of birth (dd/mm/yr) Norwegian ID n (if applicable)			umber			□ Male	Female
Mailing address							
Destal as de	Destal office			0			
Postal code	Postal office			Country			
E-mail address	I		Phone numbe	r (work)	Phone n	o. (private)	Telefax no.
Citizenship			Do you have re	esidence	permit in	Norway?	
			□ Yes □ N			,,,	
П							
II Have you been admitted to the University of Bergen?			If no, have you	applied for	or admissio	on?	
Yes No			□ Yes □ No				
ш							
I apply for recogniti Studies/Degrees (in o			Major Subject Area				
1.	onginal language)		Major Subject Area				
2.							
3.							
IV Purpose							
Further studies. Please indicate aim of further studies:			Non-academic purposes:				
Bachelor degree Master degree Doctoral degree Employment Professional qualifications Other				ns 🗌 Other			
V If further studies, w	hat is the aim of reco	nnition 2					
					1_		
☐ Single subject(s)/course(s) as part(s) of a degree, please specify which: □ Exemption from please specify whic				egree or partial degree equivalence. ree equivalence, please specify :			
For master program			lafatish ( r. "	and the box		hun ll	attace of the sector of
	nasterprogram) (please . <u>no/</u> under Courses/Pro	grammes) Field	l of study ( <i>studie</i> ses/Programmes	<i>retning</i> ) (p s)	lease see	nttp://prospe	<u>ctive.uib.no/</u> under
L		I					

Phone: +47 55 58 30 30

## VI

	Name of institution	ersities which you have attended (an Town and country	Title of certifications	Started	Finished	
				(mm/yr)	(mm/yr)	age
Secon- dary school						
SCHOOL						
Post secon-						
dary school						
Higher Edu- 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 about the duration of each course and the type of ex 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!		•

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
	Balo	oignataio

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