## 

## Application for recognition of an examination, test, course or compulsory teaching activities at Oslo Metropolitan University, Faculty of Health Sciences

#### 1. Personal data

|  |  |  |  |
| --- | --- | --- | --- |
| **Student number:** | **Name:** | | |
| **Address:** | | Postal code: | **Postal district:** |
| **Phone:** | | **Email:** | |

**2. Programme**

**I am a student at the following programme at Oslo** Metropolitan University:

|  |
| --- |
|  |

**3. The application concerns recognition of an examination, test, course or compulsory teaching activities in:**

|  |  |  |
| --- | --- | --- |
| **Course code** | **Course name** | **ECTS credits** |
|  |  |  |
|  |  |  |
|  |  |  |

**4. Basis for the application:** (e.g. examinations, courses, tests from other university colleges/universities):

###### A. Higher education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination, test or teaching activities taken at the following institution(s): | | | | |
| **Course code** | **Course name** | **ECTS credits** | **Exam year** | **Enclosure no:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

###### B. Any additional basis for the application or other information

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|  |

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Guidance for applications relating to recognition of examinations, tests, courses or compulsory teaching activities at Oslo Metropolitan University, Faculty of Health Sciences

Reference is made to the Norwegian Act relating to Universities and University Colleges Section 3-5 and the Regulations relating to Studies and Examinations at Oslo Metropolitan University, Section 3-4.

Students who have been admitted to a programme at OsloMet can apply for recognition of examinations, courses, tests or compulsory teaching activities in the programme if they can document that they have passed corresponding examinations, courses, tests or compulsory teaching activities at the same or another institution.

The student is responsible for submitting the information/documentation necessary for the application to be considered.

The application must contain the following information:

**1. Personal data**

Enter the student number, name, address and phone number, mobile phone number and email address, if any. All correspondence regarding the application will be sent to the postal address stated here.

**2. Programme**

NOTE: You must have been given a place on the programme you wish to apply for recognition of courses in. No advance assessment will be made before admission has been granted.

**3. The application concerns recognition of an examination, test, course or compulsory teaching activities in …………**

Enter the examination, test, course, or compulsory teaching activity you are applying for recognition o.f

**4. Basis for the application**

Here you state which exam(s) you have already taken that you believe form a basis for recognition.

Enter the name of the institution where you took the exam, the course code, course name and number of ECTS credits.

**Documentation** must be enclosed in the form of a diploma/transcript of records and programme description, including the reading list. The documentation must show that the course/programme description is valid for the semester/year the exam was taken. **An English transcript of records must also be enclosed.**

The **programme description** must contain information about:

* which course, institution and semester/year it applies to
* the number of credits
* the academic content of the course/programme you have completed/taken an exam in
* syllabus literature

The information must tally with the information provided in the diploma/transcript of records.

The **diploma/transcript of records** must contain the following information, and must be both in Norwegian and in English:

* which semester/year you took the exam in the course in question
* the grade awarded
* the number of ECTS credits of the exams in question

Enclosures: All enclosures must be originals or certified true copies.

The application and enclosures must be sent to the Faculty of Health Sciences' Section for Academic Affairs ****no later than three weeks after the start of the programme, and at least two months before the course in question begins.**** Since it could take some time to consider an application for recognition, you must participate in teaching activities and register for the examination/test by the applicable deadlines. If relevant, you can withdraw your registration when you receive a reply to your application.

Please send the application to:

Oslo Metropolitan University, Campus [Kjeller or Pilestredet]

The Faculty of Health Sciences   
P.O. Box 4, St. Olavs plass,

NO-0130 Oslo.