**Courses pending at my Home University**

These courses are not included in the official transcript of records

*Please complete this form, print it, sign at the bottom and include it in your application*

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| **Family Name** | **First Name(s)** |
|  |  |
| **UniBwM Department that you are applying for** | |
|  | |

Please select the trimester that you are applying for:

Fall trimester (October – December)

Winter trimester (January – March)

Spring trimester (April – June)

|  |  |  |
| --- | --- | --- |
| Module No.  (if known, if not leave out) | Title | ECTS Credits  (if already known, if not, leave out) |
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| Place and Date | Student’s Signature |
|  |  |