# http://www.hr.is/media/hr/skjol/default_white.png

**Application for recognition of Previous Studies**

**A. Personal information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Name:  | Social security number:  |
| Address:  | Postal Code:  | Home phonenumber:  |
|  | Email address:  | GSM:  |

 |

**B. Application for recognition of credits taken within the Reykjavík University**

(You do not need to bring any information regarding previous studies within RU)

**C. Application for recognition of previous studies:**

Name of the School:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Filled out by RU*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I wish that the course:**  | **Will be evaluated as:** | **Date of examination .** | **Grade .** | **Agreed/Not Agreed .** |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
|   |   |   |   |   |

Date and signature of applicant Date and signature from the Chairman of the study council