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**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:   
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*Filled out by RU*

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| **I wish that the course:** | **Will be evaluated as:** | **Date of examination .** | **Grade .** | **Agreed/Not Agreed .** |
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Date and signature of applicant Date and signature from the Chairman of the study council