Application for credit transfer for third cycle (doctoral) education [Higher Education Ordinance, Chapter 6, Sections 6-8](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/hogskoleforordning-1993100_sfs-1993-100)

ANSÖKANS DIARIENUMMER:

DATUM FÖR INKOMMEN ANSÖKAN TILL MYNDIGHETEN:

To be filled in by the applicant

|  |  |  |
| --- | --- | --- |
| Surname, first name | | Personal ID number |
| Street address | | Telephone/mobile |
| Postcode, town/city | Email | |

I would like to transfer the credits from the following course:

To be filled in by the applicant

|  |  |  |
| --- | --- | --- |
| Course name in Swedish | | |
| Course name in English | | |
| Number of credits | Examiner and higher education institution | |
| Date course passed | Level of education Doctoral level. Master’s level.[[1]](#footnote-1) Bachelor’s level. | This course is not included in my basic entry requirements for studies at doctoral level. |

**Please attach the following to your application**

☞ Course certification (Ladok extract or certified copy of other certificate).   
☞ Syllabus or equivalent.  
☞ Reading list for completed course.  
The credit transfer is equivalent to/replaces the following course in the general syllabus:

To be filled in by the applicant

|  |  |
| --- | --- |
| Course name in Swedish *(for optional courses, state only “Optional course”)* | |
| Course name in English | |
| Number of credits | Subject for doctoral studies |

##### **Applicant’s signature and date of application**

To be filled in by the applicant

|  |  |
| --- | --- |
| Signature (not obligatory) | Date |

### **Principal supervisor’s signature of approval**

|  |  |
| --- | --- |
| Signature of principal supervisor | |
|  | |
| Name in block capitals | Date |

☞ Completed form and attachments must be sent to the administrator for doctoral education at the academic school at which the doctoral student is registered.

##### **To be filled in by the administrator for doctoral education at the academic school**

|  |  |
| --- | --- |
| The decision is documented in Ladok | Date |
| The doctoral student has been informed of the decision | Date |
| Administrator’s signature | Date |
| Name in block capitals |  |

ANSÖKANS DIARIENUMMER:

## **Decision on credit transfer – decision-maker according to the valid Delegation of Authority** [Higher Education Ordinance, Chapter 6, Sections 6-8](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/hogskoleforordning-1993100_sfs-1993-100)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | Approval  Partial rejection  Rejection  *A decision that can be assumed to affect a person’s situation in a not insignificant manner must include a clarifying explanation, unless this is obviously unnecessary. This reasoning must include information about which regulations have been applied and which circumstances have been decisive for the authority’s decision.* *Read more in the* [Administrative Procedure Act, Section 32, SFS-2017:900](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forvaltningslag-2017900_sfs-2017-900) *and  Medarbetarwebben/Studieadministrativa handboken/Tillgodoräknanden.*  **Reason for the decision**: |  |  |  | | --- | --- | | Decision-maker, signature | Name in capitals, date and title | | Presented by, signature | Name in capitals, date and title | | Provide the names and titles of other people who provided information about the case, but who did not participate in the final decision-making. | | |

# HOW TO APPEAL:

Decisions to reject a credit transfer may be appealed to the Higher Education Appeals Board.

**Your appeal must be made in writing and posted or emailed to Södertörn University, but in your appeal the recipient is the Higher Education Appeals Board.**

Your appeal must have been submitted to the deciding authority (Södertörn University) within three weeks of the day you received the decision from the authority (Södertörn University).

You can either post your appeal to Södertörn University, *name of decision-maker*,   
141 89 Huddinge or email it to [registrator@sh.se](mailto:registrator@sh.se) (or straight to the decision-makers email address).   
When emailing, write Överklagande in the subject line.

The appeal must state which decision you are appealing and the case’s registration number, how you would like the decision to change, additional information and circumstances that you wish to present, your name, personal ID number, address and telephone number. Södertörn University will submit your appeal and other case documents to the Higher Education Appeals Board.[[2]](#footnote-2)

1. Avancerad nivå = magister/master – second cycle. [↑](#footnote-ref-1)
2. [Förvaltningslagen-43§-sfs-2017-900](https://www.riksdagen.se/sv/dokument-lagar/dokument/svensk-forfattningssamling/forvaltningslag-2017900_sfs-2017-900) [↑](#footnote-ref-2)