ROSKILDE UNIVERSITY

STATEMENT BY THE EDUCATIONAL INSTITUTION

INFORMATION FOR INSTITUTIONS
This form must be completed, signed, and stamped by the institution. The information provided in this form will be used by Roskilde University to assess whether the applicant fulfils the general admission requirements. The institution is responsible for ensuring that all information provided in this form is accurate and based on the institution's official records. Roskilde University reserves the right to request additional documentation or verification of the information provided.

PERSONAL DETAILS	
Name of the student	Date of birth *(dd-mm-yyyy)*

DEGREE PROGRAMME INFORMATION
Name of institution and Country
Name of the education - *Diploma title in the original language*

Information	
Nominal number of study years to obtain the degree	
Number of semesters/terms per study year	
Number of credits/ECTS required to obtain the degree	
Total number of credits/ECTS successfully completed by the student	

FULL-TIME STUDY EQUIVALENCY		
Does the completed part of the programme correspond to at least one full-time academic year of higher education in the national education system?	Yes	No
If yes, please specify the completed period of study	From:	To:

We hereby declare that the above information is correct and based on the institution's official records.

Date and place: _____

Name and title of authorised representative: _____

Stamp and signature of the institution: _____