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| **Sending Institution:** | Click here |
| **Last Name:** | Click here | **First Name(s):** | Click here |
| **Date of Birth:** | dd.mm.yyyy | **Student ID Number:** |  Click here |
| **Receiving Institution:** | University of Regensburg (D REGENSB01) |
| **Contact:** | International Office |  |  |
|  | Phone: +49 (0)941 943 – 2306  | Fax: +49 (0)941 943 – 3882 |
|  | Email: international.office@ur.de |

| Name of Instructor | Course Number | Course Titel | Semes-ter  | Hours per Week | Local Grade | ECTS Credits |
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\*see back for more information

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| Last Name: | First Name(s): |

| Name of Instructor | Course Number | Course Titel | Semes-ter  | Hours per Week | Local Grade | ECTS Credits |
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## **Versandinformation / Mailing Information**

1. Bitte senden Sie mein Transcript und alle originale Scheine an folgende Adresse / Please mail my transcript and all original credits to the following address:

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Name & permanent mailing address in your home country:**

Enter your name here

Enter your street + number

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[ ]  Ja, am/ Yes, on Datum/Date

[ ]  Nein. Es gibt keine Deadline. / No, there is no deadline.

1. Anmerkungen/Notes