

**Secretary Beate Hufnagel**

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**Application for recognition of "Free Electives" in the M.Sc. course of studies in the Health Sciences**

Name: \_\_\_\_\_

Matriculation number: \_\_\_\_\_

Semester of studies: \_\_\_\_\_

I hereby apply for the recognition by the university of the following performance examinations as "Free Electives": \_\_\_\_\_

Title of the course: \_\_\_\_\_

Brief description of the contents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Performed in semester: \_\_\_\_\_ Credits: \_\_\_\_\_ Weekly semester hours: \_\_\_\_\_

Type of examination: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_ Name of the lecturer: \_\_\_\_\_

Signature: \_\_\_\_\_

For any queries, I can be reached under

Cell phone number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

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(Faculty service office)

Approved on: \_\_\_\_\_ Signature: \_\_\_\_\_