

Application form for the AMASE degree certificates

Surname: _____ First Name(s): _____
 Nationality: _____ Date of Birth: _____
 Year of entering the Master courses: _____ Email: _____

Study process

1. year Registration number :	2. year Registration number :	
1. and 2. semester	3. semester	4. semester : Master's Thesis
<input type="checkbox"/> UdS <input type="checkbox"/> INPL <input type="checkbox"/> UPC <input type="checkbox"/> LTU	<input type="checkbox"/> UdS <input type="checkbox"/> INPL <input type="checkbox"/> UPC <input type="checkbox"/> LTU	<input type="checkbox"/> UdS <input type="checkbox"/> INPL <input type="checkbox"/> UPC <input type="checkbox"/> LTU

I have fulfilled the following requirements for the Master degree:

In the first year	In the second year
<input type="checkbox"/> at least 60 ECTS-points altogether <input type="checkbox"/> at least 52 ECTS-points for technical courses <input type="checkbox"/> at least 7 ECTS-points per modul I-IV of the technical courses <input type="checkbox"/> at least 6 ECTS-points for language courses <input type="checkbox"/> at least 40 ECTS-points are graded.	<input type="checkbox"/> at least 60 ECTS-points altogether <input type="checkbox"/> at least 26 ECTS-points for technical courses <input type="checkbox"/> at least 3 ECTS-points for language courses <input type="checkbox"/> at least 20 ECTS-points are graded <input type="checkbox"/> Master's Thesis passed (30 ECTS-points).
Title of Master's Thesis:	
Date of the last examination:	

Hereby I apply for Master's Degree Certificate of the ERASMUS-MUNDUS Joint European Master Programme in Advanced Materials Science and Engineering.

I will send enclosed to this application the following required documents:

- Copy of passport**
 Transcript of records of the 1.university
 Transcript of records of the 2.university

Please send the certificates to the following address(only one cross possible):

- current address, address of home country, address of work.

Surname, Firstname(s)	
Street, house number	
Postcode	
City	
Country	
Telephone/ Fax	

Date and place

Signature

Please send this application with the required documents by post to the following address of the common secretary of examination in Saarbrücken:

Gemeinsames Prüfungssekretariat der Naturwissenschaftlich- Technischen Fakultäten
 Universität des Saarlandes, Postfach 15 11 50, 66041 Saarbrücken
 Tel.: 06 81-30 2 3853 e-mail: amase@ps-ntf.uni-sb.de