

## 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:

<b>In the first year</b> <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.	<b>In the second year</b> <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).
<b>Title of Master's Thesis:</b>	
<b>Date of the last examination:</b>	

Hereby I apply for the degree certificates of the Saarland University:  
Master Urkunde, Master Zeugnis, Transcript of Records, Diploma Supplement and Master's Degree Certificate.

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

- Transcript of records of the 1.university (if it is not the UdS)  
 Transcript of records of the 2.university (if it is not the UdS)

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