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|  | Date of receipt | Reg. No (Dnr): | En 5:10 |
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# Application for crediting of course taken at another university or at another educational level (during ongoing PhD studies)

**Informatics**  **Health Science**

Read more on the University’s website in the documents:

* [Guidelines for examination in doctoral studies](https://www.his.se/globalassets/styrdokument/utbildning-forskarniva/examination-in-doctoral-studies.pdf)
* [Anvisningar för tillgodoräknande och individuellt åtagande inom forskarutbildning](https://www.his.se/globalassets/styrdokument/utbildning-forskarniva/anvisningar---tillgodoraknande-individuellt-atagande-fu.pdf) *(in Swedish)*

NOTE!

**Only one application per form!**

The PhD student must consult with the main supervisor about the information before making the application!

The applicant (PhD student) fills in the form digitally, emails the main supervisor who fills in the remaining information (digitally). The form is then printed. The PhD student and the main supervisor sign the form. The form and all attachments are sent (or emailed) to the relevant Director of PhD studies for a decision.

PhD student ( \* = reguired information)

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| --- | --- |
| Personal identity number\* (yyyymmdd-xxxx) | PhD student’s Reg. No\* (**FS 20XX/X** - *is indicated on the admission decision*) |
| First name\* | Surname\* |
| Phone/mobile number\* | Email address\* |

**I hereby apply to have credits for a course other than a PhD course taken at the University of Skövde recognized.**

**This application applies to the crediting of:**

Course taken at another university  Course at another educational level (not third cycle)

PhD student’s application

Crediting of course taken at another university or at another educational level (during ongoing PhD studies)

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| --- | --- | --- |
| Course name (In Swedish) | | Course code |
| Course name (In English) | | |
| University/Higher education institute | | Country (if not Sweden) |
| Higher education credit (hp/ECTS) | Education level  Third cycle  Second cycle  First cycle | Date of passed course |
| The course is not included in my general entry requirements | | |
| When applying for course credit transfer, the following should be attached:  Course syllabus with description of course content and level of education  Result certificate for completed course with approved result, number of credits and date of completed course (official transcript of records from Ladok if the course was taken in Sweden)  Other attachments (if any, specify which one or which ones below) | | |

**Where applicable:**

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| The course (credit transfer) is proposed to correspond to the following mandatory course in the general syllabus (specify course code, course name, and number of credits): |
| **Health Science** – mandatory course where the course syllabus is missing according to the general syllabus.  The course (credit transfer) is proposed to correspond to the following mandatory course (mark which one):  Course/courses in research methodology relevant to health science research (comprising 7.5 credits)  Course/courses in research ethics (comprising 5 credits)  Course/courses in theories, models and concepts with relevance to health science research (comprising 7.5 credits) |

PhD student, signature

|  |  |  |
| --- | --- | --- |
| Date | Signature | Email address |

Main supervisor, statement

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| --- | --- |
| The individual commitment is proposed to be registered as  Informatics  Health Science  Other subject | Number of credits proposed |

**Where applicable:**

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| The course (credit transfer) is proposed to correspond to the following mandatory course in the general syllabus (specify course code, course name, and number of credits): |
| **Health Science** – mandatory course where the course syllabus is missing according to the general syllabus.  The course (credit transfer) is proposed to correspond to the following mandatory course:  Course/courses in research methodology relevant to health science research (comprising 7.5 credits)  Course/courses in research ethics (comprising 5 credits)  Course/courses in theories, models and concepts with relevance to health science research (comprising 7.5 credits) |

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| Justification for the proposal: | | |
| Date | Main supervisor, signature | Email address |

Approval of crediting of course taken at another university/higher education institute or at another educational level (during ongoing PhD studies)

The decision applies to applicants:

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| --- | --- | --- |
| Personal identity number (yyyymmdd-xxxx) | First name | Surname |

DECISION by the Director of PhD studies

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| The decision applies to the transfer of the following course taken at another university/higher education institute or at another educational level during ongoing doctoral studies (specify course name and university/higher education institute): | |
| The application for approval of crediting is  Approved  Partially approved (part of credits or other classification)  Rejected | |
| The crediting shall be registered as  Informatics  Health Science  Other subject | Number of approved credits |

**Where applicable:**

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| --- |
| The course corresponds to the following mandatory course in the general syllabus (course code, course name, and number of credits): |
| The course corresponds to the following marked mandatory course according to the general syllabus in the subject of **Health Sciences** where the course syllabus is missing:  Course/courses in research methodology relevant to health science research (comprising 7.5 credits)  Course/courses in research ethics (comprising 5 credits)  Course/courses in theories, models and concepts with relevance to health science research (comprising 7.5 credits) |

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| Justification for the decision on rejection (complete or partial). The justification is based on the national regulations in Chapter 6, Section 6 of the Higher Education Ordinance. |

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| Date | Signature (Director of PhD Studies) | Name in block letters |

**Appeal**

The decision can be appealed to the Higher Education Appeals Board (ÖNH). The appeal must be in writing. The document should state the decision being appealed, the changes to the decision that are being appealed, and the reasons cited in support. The appeal should be addressed to ÖNH but sent to Högskolan i Skövde, Registrator, Box 408, 541 28 Skövde, within three weeks from the day the appellant received the decision.

*For further handling of the application - see the information box on the next page*

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| Hantering av blanketten  **Studierektor**:   * skickar hela ansökan med beslut till **registrator** för diarieföring i W3D3 (under doktorandens diarienr i FS-serien) * **Vid beslut om avslag** (delvis eller helt) mailas **beslutssidan** till den sökande (doktoranden), cc till huvudhandledaren.   **Registrator** mailar doktorandens **FS-nummer** till [examen@his.se](mailto:examen@his.se) för inrapportering av beslutet i Ladok. |

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