

Health Care and Social Services

PERSONAL AND CONTACT INFORMATION	
Name	
Student number	
Date of birth	
Address	
Telephone/home	
Telephone/work	
E-mail address	

Name and code of the course to be credited	ECTS points	Proposal for transfer	Grounds for credit transfer: Degree, place and date of performance	Proposal		Signature of the Head of the Degree Programme or the teacher
				Accepted	Rejected	

<p><b>Decision of the Head of Degree Programme on the transfer of credits ____/____ 200__</b></p> <p><input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> <b>Accepted on the following conditions (reasons in a separate sheet when needed)</b></p> <p><input type="checkbox"/> Rejected (reasons in a separate sheet when needed)</p> <p>_____ Signature</p> <p>The decision brought to student's notice ____/____ 200__.</p> <p>Students can appeal in writing against this decision to the Board of Examiners of Kemi-Tornio University of Applied Sciences within 14 days of the notice of the decision.</p>
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