REQUEST FOR EXTERNAL (OUTSIDE EPFL) DOCTORAL AND EPFL BA-MA COURSE CREDITS

Please submit 3 weeks before the start of the course. Without this form, no credits will be awarded.

1. Name_________________ First name_________________ Matriculation Date__________
2. Course title________________________________________
3. Course reference (if any) __________________________________________
4. Course provider and location (University or other)
5. Instructor _____________________________________________
6. Dates of course __________________________________________
7. Amount of lecture hours_____ Amount of additional personal work hours __________________
8. Amount of ECTS announced by the organizing institution ______________________________
9. Evaluation method(s)  project ☐ Oral exam ☐ Written exam ☐
   Other ☐, specify : __________________________________________

Please attach:
- A short description on your background and why you chose this course.
- Course syllabus/description attached with detailed schedule

Thesis director’s signature__________________________
Candidate’s signature ______________________________

EDNE Director’s approval: __________________________Date:____________________

For internal EDNE & SAC-EDOC use

Result: Passed ☐ Failed ☐ ECTS awarded_____ EQUIV_____