



REQUEST FOR EQUIVALENCIES / GRADE TRANSFER

PROGRAM OF STUDY: Bachelor Master Phd in.....

NAME: First name: Student number :-.....-.....

Courses / Credits obtain during previous studies	Grade obtained	ECTS obtained	N° page of the grade transcript justifying the request	UNIGE Courses requested as equivalencies	ECTS UNIGE	Position of the Section		
						Yes	No	Signature of the Section

Date :

Signature of the student :

TO BE COMPLETED BY THE SECTION

Name : First Name :

Comments :

.....

Date : Signature :

TO BE COMPLETED BY THE FACULTY - FACULTY DECISION

Accepted Denied

Comments :

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Date : Signature :

Once the form has been completed and validated by the Section, and copies of transcripts justifying the request have been added, all the documents must be submitted by the student, or directly by the Section, to the Student Office of the Faculty.

OPPOSITION TIME LIMIT : According to the Regulations relating to the opposition procedure within the University of Geneva (RIO-UNIGE), the present decision may be objected to by the Dean of the Faculty within a period of 30 days, in accordance with articles 18 and 19 RIO-UNIGE.