First name and last name

Address

Postcode, town

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Telephone number

Click here to enter a date.

To the

Dean’s office at the Faculty of Arts and Humanities

of the University of Graz

Universitätsplatz 3

8010 Graz

**Application for Nostrification Acc. to § 90 Universities Act 2002**

I hereby apply for nostrification of the study programme I completed at Enter the exact designation of the foreign university here! in Enter the exact designation of your completed study programme here!, which I completed on Enter the exact date of your graduation here! with the academic degree Enter the exact name of your foreign academic title here! as it is equivalent to the study programme Enter the exact name of the study programme at the University of Graz here! of the University of Graz, and to receive the appropriate Austrian academic title.

Enter a detailed explanation here!

I hereby declare in lieu of oath that I have not applied for nostrification of this degree at any other Austrian university or other institution of higher education.

Yours faithfully,

*(Signature)*