

ACCREDITATION APPLICATION / DECISION

School of Professional Teacher Education

Name:	Date of birth:	Group Code:
Teacher Educator name:	Studies sta	rted in the academic year:
l apply for the accreditation of the f	ollowing study modules (enc	close a copy of the relevant certificate(s):
Basics of Educational Sciences		
Education and Society 6 cr Corresponding prior learning Name of the completed education in Fin	nish:	
Name of the completed education in Eng		
Extent of the completed education in cre		
Fime of the completed education:		
Decision by Study Counsellor:		
Understanding Learning 6 cr Corresponding prior learning Name of the completed education in Fin	nish:	
Name of the completed education in Eng	glish:	
Extent of the completed education in cre	edits:	
Time of the completed education:		
Decision by Study Counsellor:		
Development as a Professional Teacher	-module, Optional Studies 5-10) cr
Studies 5 cr * Corresponding prior learning Name of the completed education in Fin	nish:	
Name of the completed education in Eng	glish:	
Extent of the completed education in cre	edits:	
Fime of the completed education:		
Decision by Study Counsellor:		
Studies 5 cr * Corresponding prior learning Name of the completed education in Fin	nish:	
Name of the completed education in Eng		
Extent of the completed education in cre	edits:	
Fime of the completed education:		
Decision by Study Counsellor:		
* Enclose a copy of the relevant certifica education. The substitutive studies must		e studies correspond to the goals of the teach work and pedagogic competences.
Date and student's signature		
Date and Study Counsellor's signature		