

**Master of Science in Geography - Supporting Courses Module**  
**Article 2.2.1 of Study Plan**

To be submitted once completed to the Geography secretariat at the start of the Master programme

**Name and First Name:** \_\_\_\_\_

**Option of the Master :** \_\_\_\_\_

Semester	Code of Teaching Unit (Course)	Course Title	University *	Faculty / Department	Teacher's Name and First Name (in capital letters)	ECTS	Result	Signature of the Supervisor of the Master Thesis

TOTAL ECTS

\* The **original** certificates for courses completed at another university must be brought or sent to the Dean's Office of the Faculty of Science and Medicine, Chemin du Musée 8, 1700 Fribourg, for authentication, and not to the Geography secretariat.