



Charité - Universitätsmedizin Berlin

## Verification of Degrees and other Study Informations

### General Advices

For the international transfer of study achievements the European Union has defined two documents in Lissabon Declaration. They follow the rules of European Credit Transfer System (ECTS). The **Diploma Supplement** describes the study program itself and its position in the national education system. The **Transcript of Records** provides informations about the individual achievements of the graduate or student including credits or hours studied and assessments or exams passed. Additional it provides informations about realized placements regulated in the study program. The grading scale for granted grades in assessments or exams is attached. Please note that for degrees older than 10 years it might be impossible to provide these documents. Please ask for detailed informations.

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**For degrees granted by Freie Universität Berlin (FU) before the year 2002, no records are available at Charité. Therefore no Transcript of Records can be provided.**

We recommend graduates to contact us directly.

Diplomas of state exams are provided and to verify by the local authorities granted them. For Degrees in Berlin please contact: Landesprüfungsamt für Gesundheitsberufe ([www.lageso.de](http://www.lageso.de)) Email: [Beatrice.Gropp@lageso.berlin.de](mailto:Beatrice.Gropp@lageso.berlin.de).

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Please note that the Diplomas for Dentistry or Medicine are granted by the local authorities directly to the graduates. Charité is only receiving information about the graduation. The Diploma itself can only be provided by the graduate.

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**Due to our data protection regulations we only provide informations about our graduates or students, if these persons agree. Please attach a signed release form (next page) and a copy of an Id document such as Passport or ID card. Please attach also at least a copy of the documents to verify such as Diploma or Transcripts etc.**

**These documents can also be sent via Email.**

**Registrar**  
**Markus Stieg, MD, MME Unibe**

**Consultation:** Only by appointment via telephone or email  
Campus adress: Hufelandweg 1 (interne Campusadresse), Raum 03.032

**Postal adress:**  
Charité - Universitätsmedizin Berlin  
Registrar-Office (Markus Stieg, Hufelandweg 1)  
Charitéplatz 1  
10117 Berlin

Tel.: +49 30 450 576 074  
Fax: +49 30 450 576 922  
Email: [registrar@charite.de](mailto:registrar@charite.de)

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## Informationsfreigabe - Information Release

Charité Universitätsmedizin Berlin  
**Registrar-Office**  
Campusadresse: Hufelandweg 1, Hr. Stieg  
Charitéplatz 1

D-10117 Berlin

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Name (Surname)

Vorname (First Name)

Geburtsdatum (Date of Birth)

Geburtsort (Birthplace)

Post-Adresse (Postal Address)

E-Mail (Emailaddress)

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### Bitte ankreuzen! Please mark!

**Hiermit gestatte ich der Charité - Universitätsmedizin Berlin, mich betreffende Informationen zu meinem Studienverlauf, Immatrikulationszeiten sowie erreichten Studienleistungen und Abschlüssen zur Verfügung zu stellen für:**

**Hereby i confirm my agreement to provide informations about my matriculation times, study life, study achievements and degrees to:**

**Institution oder Behörde (Institution or Governmental Department)**

**Adresse (address)**

**Datum (date)**

Genuine Signature

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**Bitte eine Kopie des Reisepasses/Ausweises und Kopie der zu verifizierenden Dokumente beifügen!**  
**Please attach a copy of Passport or ID-Card and of the documents to verify!**