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SEMMELEWEIS UNIVERSITY

Faculty of Pharmaceutical Sciences

Credit Committee

Chairman

Dr. István Antal

**Exemption request
(Faculty of Pharmaceutical Sciences)**

*Signature and official stamp/seal from the Department is required.

Student data	
Family name:	
First name:	
Neptun code:	
Academic year/semester:	20..../20..../....

Opinion of the Department responsible				
Subject name	Credit point	Grade	Supported	Not supported

Decision of Credit Committee
<input type="radio"/> Granted <input type="radio"/> Denied
Comments

.....
Date

.....
Dr. Antal István
Credit Committee Chairman

