

TRANSFER REQUEST – STUDY AND EXAMINATION COMMITTEE

Name:

Neptun code:

Programme:

Specialisation:

Track:

Year:

Previous Studies**Time of enrollment:** academic year semester**Institute:****Form of financing:**

state supported

fee paying

1. semester		2. semester		3. semester		4. semester	
credits	CCI	credits	CCI	credits	CCI	credits	CCI
5. semester		6. semester		7. semester		8. semester	
credits	CCI	credits	CCI	credits	CCI	credits	CCI

Last valid, active semester:academic yearsemester

Where would you transfer to?**Specialty:****Specialist Programme:****Year:** **Track:** fulltime part time correspondence..... **academic year** **semester**

Mailing address:

Phone:

Email address:

Attached documents:

Subject(s) that are missing according to the model curriculum					
Subject	Subject code	Semester prescribed by the MC	Subject	Subject code	Semester prescribed by the MC

Date:

.....

student's signature