

REQUEST FOR EXEMPTION

Name:..... Neptun code: Are you a transfer student? YES / NO
 Programme/year: Full-time course²:..... Date: Signature:

COMPLETED SUBJECT						SUBJECT YOU ARE SEEKING EXEMPTION FROM
University/Institute:.....						Name of the subject:
Subject	Academic year	Semester	Type of Assessment ³ : S PM EE CE	Mark	Credit points	Subject's code:
						Type of Assessment: S PM EE CE
						Credit points:

RECOMMENDATION OF THE DEPARTMENT	DECISION	RESOLUTION AFTER THE STUDENT'S APPEAL
<p>1. I recommend the student's exemption. Mark: Credit points:</p> <p>2. I recommend the student's exemption after passing a supplementary exam.</p> <p>3. I do not recommend the student's exemption.</p> <p>Date:</p> <p>Note: _____ Head of Department</p>	<p>1. I approve the student's exemption.</p> <p>2. I approve the student's exemption after passing a supplementary exam</p> <p>3. I do not approve the student's exemption.</p> <p>Date:</p> <p>_____ Head of the Credit Transfer Committee</p>	<p>1. approved</p> <p>2. rejected</p> <p>3. any other comment</p> <p>Date:</p> <p>_____ Head of the Credit Transfer Committee</p>

¹ to be filled in by the Registrar's Office.

² Full-time, Part-time, Correspondent Course

³ S: Signature, EE: End of term Exam, PM: Practical Mark, CE: Comprehensive Exam

S U M M A R Y

for credit transfer requests

Name:

Nursing and Patient Care – specialization:

Year:

Semester of submitting the request:/..... spring / autumn

Number or requests:

Subjects

Number	Subject code	Number	Subject code
1.		15.	
2.		16.	
3.		17.	
4.		18.	
5.		19.	
6.		20.	
7.		21.	
8.		22.	
9.		23.	
10.		24.	
11.		25.	
12.		26.	
13.		27.	
14.		28.	

.....
Signature of student

.....
Signature of recipient

Date: