



SEMMELWEIS UNIVERSITY
FACULTY OF DENTISTRY Credit Transfer Committee

Chairman
DR. BEÁTA KERÉMI associate professor

CREDIT RECOGNITION OF COMPULSORY OR OBLIGATORY ELECTIVE COURSE

STUDENT DATA	
First Name:	Last Name:
NEPTUN ID:	E-mail:
Address:	
Form of financing: self-financed/scholarship**	Faculty: Dentistry Year:

(** please underline)

Addressed to: To the Credit Transfer Committee

Request and reasoning: _____

Attachments:	

Declaration:	
I hereby declare that I have read and understood the relevant points of the relevant sections of the Organizational and Operational Rules regarding credit recognition of subjects. (Book III, Part III, Section 2, § 44.)	
Signature:	Date:

REGISTRAR'S OFFICE		
Ügyintéző:	Beérkezés:	Véleményezésre kiküldve:

OPINION OF THE HEAD OF DEPARTMENT			
Full name of subject	Credits	Form of exam	Grade
<input type="checkbox"/> 75% identical course material I recommend the exemption	<input type="checkbox"/> less than 75% identical course material I do NOT recommend the exemption		
Signature of tutor/authorized person from the Department:	Stamp	Date:	

CREDIT TRANSFER COMMITTEE	
APPROVED	REJECTED
Signature:	Date: