



SEMMELWEIS UNIVERSITY

FACULTY OF PHARMACY

Chairman of Credit Transfer and Education Committee

**DR. TAMÁS TÁBI**

## Credit recognition request (Faculty of Pharmaceutical Sciences)

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

### STUDENT DATA

Family name:	First name:
Neptun-code:	Academic year: 20...../20...../.....

### REQUESTED SUBJECT

Subject code	Subject name	Credit point	Grade

### DECISION OF THE CREDIT TRANSFER AND EDUCATION COMMITTEE

PERMITTED

REJECTED

Signature

Date

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*Chairman of Credit Transfer and Education Committee*