



SEMMELWEIS UNIVERSITY  
FACULTY OF PHARMACEUTICAL SCIENCES

Chairman of Credit Transfer and Education Committee  
**DR. TAMÁS TÁBI**

This section is filled out by the Registrar

**Registration number:**

**Date:**

## Credit recognition request (Faculty of Pharmaceutical Sciences)

\*Signature and official stamp/seal from the Department responsible is *not* required.

### STUDENT DATA

Family name:	First name:
Neptun-code:	Semester: 20...../20...../.....

### REQUESTED SUBJECT

Subject code	Subject name	Credit point	Grade

### DECISION OF THE CREDIT TRANSFER AND EDUCATION COMMITTEE

PERMITTED

REJECTED

Signature

Date

.....  
*Chairman of Credit Transfer and Education Committee*