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| *Credit Transfer Request Form* |
| University of Debrecen*Credit Transfer Sub-Committee* |
| Personal Data of Student |
| *NEPTUN code:*  *Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   *Program/Year:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S*pecialization*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Faculty:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Address: \_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *E-mail address:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Phone*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I request the acceptance of the courses completed and credits earned during my previous studies. |
| The **courses to be recognized** as equivalent to **the courses offered by the University of Debrecen** (name, code, type [*lecture, seminar, laboratory practice*], hours per week, assessment [*exam, practical, signature*] and the credit values) are listed on the enclosed form.  Name of the Program in which the courses were completed: ………..……………………………………………  …………………………….…………………………………………………………………………………..……  Name of the Faculty and the Institution where the courses were completed:…..…….….…………………………  ………………………………………………………………………………………………………………………  Comments (if any):………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………..  I acknowledge that *„in case of a minimum 75% equivalency between the programs of study of courses offered by the sending and the receiving institutions, as many credits shall be recognized as the course is allocated in the curriculum of the receiving institution”* (Rules and Regulations, University of Debrecen, 12.§, 2006)  For the decision, supporting documents (transcript and course description for each subject) are required to attach.  The following documents have been attached:  □ Course description  □ Transcript  *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Student’s signature* |
| **Office of Education** |
| *The student was* ***notified*** *about the decision.*    *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Officer’s signature*  *The courses were registered in* ***NEPTUN****.*    *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Officer’s signature* |

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| *Credit Transfer Request Form* |
| *University of Debrecen Credit Transfer Sub-Committee Semester*: 20……../…….. - …… |
| Personal Data of Student |
| *NEPTUN code:*  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |   *Program/Year/Faculty:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I request the acceptance of the courses completed and credits earned during my previous studies: |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Courses to be recognized** | | | | **Equivalent courses offered by the University of Debrecen** | | | | **Decision of the Credit Transfer Sub-Committee** | | | | **Course code** | **Name of the course** | **Type** | **Hours per week** | **Course code** | **Name of the course** | | **Hours per week** | **Decision** | **Signature** | **Date** | | **Assessment** | **Grade** | **Credit points** | **Assessment** | **Type** | **Credit points** | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |   *(Continued on a separate sheet, if needed)*  *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Student’s signature* |