

Exemption Request to the Educational and Credit Transfer Committee

Name:

Course:

Year:

Faculty: Faculty of Health Sciences

Address:

Phone number:

Email:

Name of the previous university:								Name of the current university:			
Name of the faculty/programme:								Name of the current faculty/programme:			
Code of the subject	Title of the subject	Number of lectures	Credit	Grade/Mark	Code of the subject	Title of the subject	Number of lectures	Credit	Proposal	Signature of the lecturer	

Please attach your transcript from your previous studies and the given subject(s)' course description with the prior proposal and signature of the lecturer in the given columns (except Physical Education and Optional subjects)!

The data in the request is true and correct. I take notice, if the data is not true in the form, or it is submitted incompletely or late the request will be automatically rejected and the disciplinary procedure can be started against me. **Requests will be accepted in block capitals or in hard copy, with a booked appointment in the Educational Office, or by post – 4028, Debrecen Kassai út 26/B – University of Debrecen Faculty of Health Sciences Educational Office!**

Date: Debrecen,

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Signature

Opinion of the lecturer (if necessary):

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