Exemption Request to the Credit Transfer Subcommittee

Name: Course: Phone number: Email: Subject at your previous University/studies		Course:	Year:	Faculty: Faculty of Public Health			
		Email:					
		rsity/studies	Subject in the present curriculum				
Code	Title	Credit	Code	Title	Credit	Proposal	Signature
The data in the r	h your transcript fr request is true and correct. e started against me.						isciplinary
Date: Debrec	cen,						
			Signa				

Opinion of the appropriate Department:		
Date: Debrecen,		
	Signature	Seal
Decision of the Credit Transfer Subcommittee:		
Date: Debrecen,		

Chairman of the Credit Transfer Subcommittee