

Exemption Request to the Credit Transfer Subcommittee

Name: _____ **Course:** _____ **Year:** _____ **Faculty: Faculty of Public Health**
Address: _____ **Phone number:** _____ **Email:** _____

Subject at your previous University/studies					Subject in the present curriculum				
Code	Title	Number of lectures	Credit	Grade/Mark	Code	Title	Credit	Proposal	Signature

Please attach your transcript from your previous studies and the given subject(s)' course description!
 The data in the request is true and correct. I take notice, if the data is not true in the form, the request will be automatically rejected and the disciplinary procedure can be started against me.

Date: Debrecen,

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Signature

Opinion of the appropriate Department:

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Date: Debrecen,

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Signature

Seal

Decision of the Credit Transfer Subcommittee:

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Date: Debrecen,

Chairman of the Credit Transfer Subcommittee