**University of miskolc University ID: FI87515**

Semester: ……………………………………

**Request for credit transfer**

# for the procedure of granting credits for courses completed at another institution

**Deadline of submission**:

“Credit transfer applications – based on studies completed earlier – shall be submitted by the end of the third week of the examination period prior to term time in which the student shall register for the course for which the credit transfer is requested. In the case of first year students, the application shall be submitted by the end of the registration week. Credit transfer applications shall include justification of the application and the relevant certifying documentation.” (Section 42 (2) of HKR)

**Student’s name:**………………………………………… **Neptun ID**:……………………….

**Mailing address:** ………………………………………………………………………...

**Faculty code: ME-**……………………………………..…… **Programme:**………………………………………………………………..

**Beginning of studies at this programme (year)**:…..……… **Full-time/Part-time\***

**Training level**: BA/BSc/MA/MSc//Higher Education Vocational Training/Advanced Level Vocational Training/Undivided/Specialized/Traditional**\***

Name of college/university of previous studies, based on which you require credit transfer (a copy or extract of the course registration book needs to be attached. In case of credit transfer from other institutions, the description of the course is also necessary.) .

……………………………………………………………………………………………………………………….

\*underline as applicable

List of subjects for credit transfer:

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| --- | --- | --- |
| Courses completed at other higher education institutions | Courses to be transferred to the University of Miskolc (as in the sample curriculum) | Opinion of Department/Institution, Signature |
| Course code | Course name | Requirement | Credits | Mark | Semester of completion | Course code | Course name | Requirement | Credits | Mark |
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| Courses completed at other higher education institutions | Courses to be transferred at the University of Miskolc (as in the sample curriculum) | Opinion of Department/Institution, Signature |
| Course code | Course name | Requirement | Credits | Mark | Semester of completion | Course code | Course name | Requirement | Credits | Mark |
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*Please note that requests submitted after deadline will not be considered by the Study Board.*

Date (day/month/year): Miskolc, ……………………………………………………

 ………………………………….

 Student’s signature

**Decision of the Study Board:**

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P.H. Signature

Chairman of Study Board

Date (day/month/year): Miskolc, ……………………………………………………