

CREDIT TRANSFER REQUEST

I, (family name) (first name) (EHA code), a student of dental medicine at the Faculty of Dentistry of the University of Szeged, hereby request the automatic acknowledgment of my courses completed in the 9002AK_N curriculum on the basis of the 'certificate of credits earned' sheet.

Reason: I wish to continue my studies in the 9002AK_N_2013 dental curriculum in the second semester of the academic year 2015/2016 via the curriculum shift.

Szeged, 2016.

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signature