

OKTATÁSI IGAZGATÓSÁG

H-3300 Eger, Eszterházy tér 1. Telefon: (36) 520-455 Postacím: 3301 Eger, Pf.: 43.

**APPLICATION FOR CREDIT RECOGNITION OF PREVIOUS STUDIES/COURSES**

Name: NEPTUN-code:

Major: Faculty: Programme:

Level of training: Mobile phone: E-mail:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | **Completed courses during previous studies**  *(shall be completed by the student!)* | | | | **Course during current studies**  *(shall be completed by the student!)* | | | **Opinion of the person with professional responsibility**  *(shall be completed by the institution!)* | |
| Code | Name of the course | Credit value | Result | Code | Name of the course | Credit value | I agree/  I don’t agree | Signature |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*In order to certify the results, a photocopy of the registration course book shall be attached along with* ***certified*** *course syllabuses not completed at EKU.*

Eger, …….day………..month………year …………………….

hallgató aláírása



OKTATÁSI IGAZGATÓSÁG

H-3300 Eger, Eszterházy tér 1. Telefon: (36) 520-455 Postacím: 3301 Eger, Pf.: 43.

**DECISION**

During the meeting of the Credit Transfer Committee held on ……..day……..month…….year, the following decision was made:

Number of decision:

In accordance with the table above, the following courses are recognised:

The following courses are NOT recognised:

Explanation:

Eger, ………day……………month……………year

……………………………………….

President of Credit Transfer Committee