



## TRANSFER REQUEST

<b>A. Applicant's details</b>	
Surname:	First name:
Place and date of birth:	Mother's maiden name:
Phone:	Email:
Mailing address:	

<b>B. The University you want to transfer from</b>	
Name of university:	
Address of university:	
Major:	Beginning of studies:

<b>C. Student's declaration</b>	
<b>Major of choice:</b>	<input type="checkbox"/> General Medicine <input type="checkbox"/> Dentistry <input type="checkbox"/> Pharmacy
I have an uninterminated student status with the university named in section B and no condition of the termination of my student status exists. I have attached the certificates (valid student status certificate, transcript of records, curriculum of my current studies) to this request and I have paid the transfer fee (9000 HUF). Further, I declare that I compared the curricula and course descriptions of the Medical School published on the website of the University of Pécs ( <a href="http://www.medschool.pte.hu">www.medschool.pte.hu</a> ) with my previous studies. Based on this, I hereby request to be attached to the following curriculum upon successful admission:	
<input type="checkbox"/> 1 <sup>st</sup> year (Curriculum of 2015) <input type="checkbox"/> 2 <sup>nd</sup> year (Curriculum of 2014) <input type="checkbox"/> 3 <sup>rd</sup> year (Curriculum of 2013)	
Date:	Signature:

<b>D. TO BE FILLED IN BY THE REGISTRAR'S OFFICE!</b>	
Arrived at RO:	Certified current student status: <input type="checkbox"/> yes <input type="checkbox"/> no
Admin. Off.:	Two semesters completed : <input type="checkbox"/> yes <input type="checkbox"/> no
ECTS average:	Less than 50% of total ECTS gained: <input type="checkbox"/> yes <input type="checkbox"/> no
<b>Suggested curriculum:</b>	<b>Meets all requirements of CSE:</b> <input type="checkbox"/> yes <input type="checkbox"/> no

<b>E. DECISION OF THE EDUCATIONAL COMMITTEE</b>		
<input type="checkbox"/> According to Article 18 of CSE the student's request shall be <b>rejected</b> .		<input type="checkbox"/> According to Article 18 of CSE the student's request shall be <b>accepted</b> .
Head of the Educational Committee	PH	Date:

**To be submitted** to the Registrar's Office of UPMS (7624 Pécs, Szigeti út 12.) **Deadline:** August 1.