



**CREDIT TRANSFER
APPLICATION FORM – General Medicine**

The applicant's data	
Family name:	First name:
Date and place of birth:	Neptun code
Telephone:	E-mail:
Postal address:	

Higher education institute of earlier studies:	
Name of institute:	
Address of institute:	
Major:	
Beginning date of studies:	Finishing date of studies:

Subjects to be accepted at the University of Pécs Medical School (UPMS)	
According to my best knowledge the topics of the UPMS courses marked here are the same at the level of 75% with my studies fulfilled in a different higher education institute, therefore I submit the Opinion forms and the required documents for these subjects.	
<input type="checkbox"/> OAA-ANT Behavioral Science 1 (Medical Anthropology) <input type="checkbox"/> OAA-OET Behavioral Science 2 (Medical Ethics) <input type="checkbox"/> OAA-BI1 Biophysics 1 <input type="checkbox"/> OAA-MB1 Molecular Cell Biology 1 <input type="checkbox"/> OAA-MET Biometrics <input type="checkbox"/> OAA-ORK Medical Chemistry <input type="checkbox"/> OAR-OKA General chemistry <input type="checkbox"/> OAA-BML Public Health 1 (The Basics of Health Prevention) <input type="checkbox"/> OAA-OKG Medical Communication Skills <input type="checkbox"/> OAA-AA1 Anatomy 1 <input type="checkbox"/> OAA-BEB Introduction to Biochemistry <input type="checkbox"/> OAA-BI2 Biophysics 2 <input type="checkbox"/> OAA-MB2 Molecular Cell Biology 2 <input type="checkbox"/> OAA-SF1 Histology and Embryology 1 <input type="checkbox"/> OAA-AED Public Health 2 (General Epidemiology and Demography) <input type="checkbox"/> OAA-AA2 Anatomy 2 <input type="checkbox"/> OAA-BKA Biochemistry <input type="checkbox"/> OAA-EL1 Physiology 1 <input type="checkbox"/> OAA-SF2 Histology and Embryology 2 <input type="checkbox"/> OAA-KET Public Health 3 (Environmental Health) <input type="checkbox"/> OAA-HUG Basics of Human Genetics <input type="checkbox"/> OAA-OBA Medical Biochemistry <input type="checkbox"/> OAA-EL2 Physiology 2 <input type="checkbox"/> OAA-IMM Basic Immunology <input type="checkbox"/> OAA-NEA Anatomy, Hist., Embryology and Neuroanatomy <input type="checkbox"/> OAA-SZO Behavioral Science 3 (Medical Sociology)	<input type="checkbox"/> OAP-BPR Internal Medicine: Propedeutics <input type="checkbox"/> OAP-GT1 Pharmacology 1 <input type="checkbox"/> OAP-KO1 Pathophysiology 1 <input type="checkbox"/> OAP-MO1 Microbiology 1 <input type="checkbox"/> OAP-MUA Basic Surgical Techniques <input type="checkbox"/> OAP-NEP Behavioral Science 4 (Neuropsychology) <input type="checkbox"/> OAP-MT5 Behavioral Science 5 (Medical Psychology) <input type="checkbox"/> OAP-PA1 Pathology 1 <input type="checkbox"/> OAP-GT2 Pharmacology 2 <input type="checkbox"/> OAP-KO2 Pathophysiology 2 <input type="checkbox"/> OAP-MO2 Microbiology 2 <input type="checkbox"/> OAP-NOT Public Health 4 (Preventive Medicine) <input type="checkbox"/> OAP-PA2 Pathology 2 <input type="checkbox"/> OAP-SPR Surgical Propedeutics <input type="checkbox"/> OAR-ELS First Aid <input type="checkbox"/> OAR-APG Summer Practice in Hospital Care <input type="checkbox"/> OAR-API Nursing Skills Theory – Hospital Care <input type="checkbox"/> OAR-OKG Summer Practice in Medical Comm. Skills <input type="checkbox"/> OAR-BEL Summer Practice in Internal Medicine <input type="checkbox"/> OAR-HUF-O Final Exam in Medical Hungarian - oral <input type="checkbox"/> OAR-HUF-W Final Exam in Medical Hungarian - written <input type="checkbox"/> ATT1 Physical Education 1 <input type="checkbox"/> ATT2 Physical Education 2 <input type="checkbox"/> ATT3 Physical Education 3 <input type="checkbox"/> ATT4 Physical Education 4 <input type="checkbox"/> electives,optionals (please list them on the backside)

Declaration	
I declare that the above given data are correct and that I attached every required documents (transcript and syllabus) to my application.	
Signature of applicant:	Date:

Applicants who studied at a foreign higher education institute are obliged to pay a process fee of 7.000 HUF/course.