



Request for the recognition of technical credit

A. Applicant's data	
Family name:	Last name:
Major: <input type="checkbox"/> General Medicine <input type="checkbox"/> Dentistry	Neptun code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B. Type of UPMS technical credit to be recognized
<input type="checkbox"/> paramedic practice - elective/ optional Please underline your choice!
<input type="checkbox"/> nursing work - optional

C. Data of the workplace/practice place (to be filled out by the institution)	
Name of workplace/practice place:	
Address:	
Start of practice:	End of practice:
Type of practice: <input type="checkbox"/> paramedic <input type="checkbox"/> nursing	
Name of supervisor:	Position of supervisor:
Phone number:	E-mail:
Length of the practice (week/hour):	
Offered grade:	
Description and evaluation:	
Signature of supervisor:	Date/ Seal:

I declare under penalty of perjure that the above data are true.

Pécs,

Signature:.....

D. Data of the technical subject (to be filled out by the Registrar's Office)					
Subject code	Full course title	Total number of hours	Credit	Type of exam	Grade
O____-TCH	Technical subject			practical grade	

E. Decision of the Credit Transfer Committee		
According to Article 11 (4) of the code of credit transfer procedures of the UPMS the request is		
<input type="checkbox"/> accepted		<input type="checkbox"/> rejected
signature Head of the Credit Transfer Committee	Seal	date of decision
Student informed_	Recorded to ES:	

