

Completion of this form is mandatory

Reference number:

REQUEST FOR TRANSFER

To the Academic Committee of the Faculty of Health Sciences and Social Studies

Name:

National Student ID.....

Place and date of birth:

Mother's name:

Identity card No.:

Citizenship(s) (including the date of acquisition):

Permanent address:

Mailing address:

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Phone number:

E-mail address:

The data of the Institution where the applying student is currently enrolled:

Name of the Institution:

Faculty:

Degree programme:

Specialization:

Level of education: BSc / MSc (please indicate the appropriate part by underlining it)

Study mode: Full-time / Part-time (please indicate the appropriate part by underlining it)

Mailing address:

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E-mail address:

Starting date of your studies (academic year and semester):

Which year of the study plan are you currently in?

The grade-point average of your last active semester for the MSc programme:

The grade-point averages of your last two active semesters for the BSc programme
(minimum requirement: 3.51):

Funding status: Tuition fee paying / Scholarship (Stipendium Hungaricum or other)
recipient (please indicate the appropriate part by underlining it)

The above-named student requests transfer to the Faculty of Health Sciences and Social Studies of University of Szeged to the following:

Degree programme:

Specialization:

Level of education: BSc / MSc (please indicate the appropriate part by underlining it)

Study mode: Full-time / Part-time (please indicate the appropriate part by underlining it)

Justification:

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Date

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Student's signature

Obligatory attachments (Please, indicate below the documents attached to the request):

- ☐ A valid Student legal status confirmation form issued within 15 days prior to submission. The confirmation form must also certify that the student is not under a dismissal process and no disciplinary procedure has been taken against the student.
- ☐ A certified or an original copy of the student's transcript including the course name, credit points, number of lessons, results/grades of the completed courses and semester averages.
- ☐ A certified and detailed syllabus of each completed subject.
- ☐ A certificate regarding the funding status of the student's studies issued by the International Office of the sending institution.
- ☐ Other:

To be filled in by the International Office

Required documents attached: YES / NO

Missing documents:

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Date

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Signature of the officer

Mailing address: SZTE ETSZK International Office, 6726 Szeged, Temesvári krt. 31.

Proposal of the Department involved in the degree programme	
I support the student's request for a transfer:	YES / NO
Reasons in case of refusal: _____	
Date: _____	_____ <i>Head of Department</i>
Decision of the Academic Committee	
Transfer of the student:	allow / deny
_____ year _____ degree programme	
_____ specialization _____ study mode.	
Reasons in case of refusal: _____	
Date: _____	_____ Chairman of the Academic Committee