



REQUEST FOR CREDIT TRANSFER

Document No	FR
Publication Date	
Rev Date/No	- / 00
Number of Pages	1/1

The Electronic Copy of the form should be filled in, and the student should submit the Printed Copy of the completed form to the related Faculty. Incomplete forms will be returned to the student. Upon receipt of the form, the related Faculty will finalize the request.

Student's Name		Information about previous institution	Faculty:			
			Department / study program:			
Program			Academic Year and Semester			
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD	Academic Year	20 <input type="text"/> / 20 <input type="text"/>	Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
To: ¹	<input type="checkbox"/> Faculty of Economics	<input type="checkbox"/> Faculty of Engineering and IT	<input type="checkbox"/> Education Faculty			

I) Information about the transfer ECTS :

I appeal to the Faculty to transfer ECTS from the courses listed below:

No.	Courses Taken from Previous Institution			Course Equivalent		
	Course Code, Title	Semester	ECTS	Course Code, Title	Semester	ECTS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

II) I enclosed the documents listed below:

1. Transcript
2. Course description (curriculum of previous courses)
3. Registration card (index)

Required signature:

By signing below, I certify that the information contained on this form and all supporting documents is true and accurate.

 Student Signature Date

Note: Request should be submitted in two copies.

¹ Please, mark related Faculty.