LISZT FERENC ACADEMY OF MUSIC Ticket Nr.:_____

REQUEST
FOR THE CREDIT TRANSFER COMMITTEE
regarding preliminary credit recognition of students with a diploma applying for MA programme

Name: ……
Place and date (day, month, year) of birth: ……
Mother's maiden name: ……
Address: ……
Study programme you are applying for: ……..
……..
Previous studies you need for credit recognition (name of institution, major):
……..

Name of the courses to be recognized*	Number of credits

(The list can be continued on the backside.)

The request form must be submitted to the International Sub-Department (Ligeti György Building, Budapest, Wesselényi u. 52. Ground Floor Room Nr. 014).

*The following documents need to be attached to the request form: copy of the certificate/index sheet of your previous completed courses and the course programme (if it was not completed at the Liszt Ferenc Academy of Music).

Request submitted on: ……

……..
signature of the submitter

E-mail address: ……..