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: LAST NAME First Name
Place and date (day, month, year) of birth: day/month/year, Please of Birth
Mother's maiden name: LAST NAME First Name
Address: Your Correspondence Address
Study programme you are applying for: MA - Name of Instrument
Previous studies you need for credit recognition (name of institution, major):
Name of the university where you finished your BA studies; name of major

Name of the courses to be recognized*	Number of credits

DO NOT FILL OUT

(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: day/month/year

Handwritten Signature
signature of the submitter

E-mail address: submitter's e-mail address