

Surname:	
Name:	
e-mail:	
Address (full postal address):	

Slovak Medical University in Bratislava
Faculty of Medicine
 Dean of the Faculty
 Limbová 12
 833 03 Bratislava
 SLOVAKIA

Ref.: Application for recognizing subjects and credits from previous study

I hereby apply for the recognition of the subjects/courses and credits from my previous study at

University:	
Faculty:	
Study Programme:	
Years of study – academic years:	
Last year/class enrolled:	

The list of my subjects/courses, credits and grades are in the enclosed Transcript of Records.

Date: _____

Applicant's signature: _____

Annexes:

Transcript of Records

Course Information Sheets (ECTS) or Syllabus