**REQUEST FOR TRANSFER FROM A HIGHER EDUCATION INSTITUTION**

Date of submission

* for the autumn semester: 20 August
* for the spring semester: 20 January

*A transfer may only be requested to a degree course in the same field of study (Act CCIV of 2011, § 42 (1) b)) as the course in which the applicant is actually studying at the time of application. The rules on the form of funding for the transfer are set out in Section 64(8) of UoS Code of Conduct.*

**DATA OF THE PERSON REQUESTING THE TRANSFER** (to be completed by the person requesting the transfer)

|  |  |
| --- | --- |
| Name: |  |
| Name at birth: |  |
| Mother’s name: |  |
| Nationality: |  |
| Place and date of birth: |  |
| Taxpayer Identification Number: |  |
| Permanent address: |  |
| Address for service: |  |
| ID card number/passport number: |  |
| Phone number: |  |
| E-mail address: |  |
| Institution: |  |
| Faculty: |  |
| Degree course: |  |
| Major/Specialization: |  |
| Academic year/semester: |  |
| Type of attendance: | □ correspondence □ full-time □ part-time evening |
| Credits for the last semester: |  |
| Total credits: |  |
| Number of active semesters: |  |
| Number of passive semesters: |  |

**FROM WHICH INSTITUTION WOULD THE APPLICANT TRANSFER?** (to be completed by the person requesting the transfer)

|  |  |
| --- | --- |
| Institution: |  |
| Faculty: |  |
| Degree course: |  |
| Major/Specialization: |  |
| Address of the office of the dean of studies: |  |
| Name and phone number of the academic administrator: |  |
| Academic level: | □ Post-secondary vocational training □ Bachelor □ Master  □ Specialist postgraduate |
| Type of attendance: | □ correspondence □ full-time □ part-time evening |
| Form of financing: | □ State scholarship □ Reimbursement  □ Partial state scholarship □ Fee-paying  □ State-funded |
| Number of active semesters: |  |
| Number of passive semesters: |  |
| Number of active semesters with state funding: |  |
| Total credits obtained: |  |

**WHERE WOULD THE APPLICANT TRANSFER TO?** (to becompleted by the person requesting the transfer)

|  |  |
| --- | --- |
| Faculty: |  |
| Degree course: |  |
| Major/Specialization: |  |
| Academic level: | □ Post-secondary vocational training □ Bachelor □ Master  □ Specialist postgraduate |
| Language of training: |  |
| Type of attendance: | □ correspondence □ full-time □ part-time evening |
| Site: | □ Sopron □ Tata |
| From which semester would the applicant transfer? |  |

Justification of the request (to becompleted by the person requesting the transfer)

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I declare that the information I have provided is true and correct.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexes to be attached:**

* certificate of valid student status
* certificate of the form of financing of the studies pursued up to the date of application
* copies (certified by the competent office of the dean of studies) of the credit book that proves the course of study up to the date of application
* copies of the subject(s) and language certificate(s) certified by the relevant department(s) for the purposes of assessing the admissibility of the subjects in the credit book.

**Annex that can be attached:**

* in the case of a student with a disability, a document certifying the disability

In the case of a positive transfer decision, please DO NOT initiate the termination of your student status at your previous institution before the enrolment deadline set out in the decision. You will be informed about the termination of your student status at your previous institution (date, reason) by the academic administrator of the University of Sopron during the enrolment process.

**In the event of termination of student status in any other way than described above, the positive transfer decision will be invalidated!**

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| **CREDIT RECOGNITION FORM** | | | | | | |
| According to the rules on credit transfer (HKR 79.§ (8)), the maximum rate of credit transfer is two-thirds of the total number of credits according to the training and outcome requirements of the requested degree programme. | | | | | | |
| To be completed by the student! | | | | | | |
| Code of the subject to be accepted, according to the UoS curriculum  (by code in alphabetical order) | The subject to be accepted, according to the UoS curriculum | Subject from previous studies  (according to the document submitted as the basis for transfer) | Obtained  grade | Semester of completion  (e.g.: 2013/14/2) | Obtained  credits | Instructor suggestion |
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