REQUEST

FOR THE CREDIT TRANSFER COMMITTEE

regarding preliminary credit recognition of students with a diploma applying for an MA or postgraduate Piano Soloist programme

Name (family name, given name):
Place (city, country) and date (day, month, year) of birth:
Mother's maiden name (the one she was born with; family name, given name):
Postal address:
E-mail address:
Study programme you are applying for (level, major):
Previous studies you need for credit recognition (name of institution, level, major):

The below table will be filled out by the Credit Transfer Committee!

Name of the courses to be recognized*	Number of credits
	1
	777
TRILLALD'	
77 77	

(The list can be continued on the backside.)

*The following documents need to be attached to the request form: copy of the transcript of the previously completed courses, and the course description of the previously completed courses (if it was not completed at the Liszt Ferenc Academy of Music).

Request submitted on (day, month, year):

signature of the submitter