

Name, surname:..... Study year.....

Study program:

Address:..... Mobile:.....

Application *Exams and Credits Recognition*

Justification of the application: Study obligation was already fulfilled at:

University:

Faculty:

Bachelor*

Master* study program:

Field of study:

Name of fulfilled study duty:	Name of study duty at Third Faculty of Medicine, CU:
Fulfilled on:	Result of the exam:
*Credit WS *Credit SS *Exam	

Date:.....

Students signature:.....

Statement of the study field guarantor:

Recognized on:

Workplace:

Result recognized (credit, exam,...):

Name and surname of the guarantor: **Signature:**.....

Decision of Dean (Vice-Dean) of the Faculty::

* delete as appropriate