Request for Recognition of Exams in the Academic Year ………………../…………………….

Name and surname of the Applicant: ....   Year:………………… Study Programme: …………………………

Address of the Applicant::

| Street, no.: | .... | Telephone number: ……………………………………………………. |
| Post code, municipality | .... | E-Mail: ……………………………………………………………………………… |

HOST UNIVERSITY/ RECEIVING INSTITUTION (name):...

	Name of the Completed Course/ Subject Name (according to the Transcript of Records)	EXAM			corresponds to the subject in the study plan of FMV/FIR (from the enrollment sheet in AiS/academic system)	Recognised with Grade	Date and Signature of the FMV/FIR Dean	Credit Points
		Date	Credit Points	Grade				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Date: ………………………………………   Signature: ……………………………………………………………….