



## TO BE FILLED OUT BY THE STUDENT

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### STUDENT INFORMATION

Surname			
First name(s)			
Year of study		Academic year	
Program			

### TRANSFER COURSES INFORMATION

JU MC SME course					
Full name of the transfer course					
Name of the university at which the course was completed					
Grade obtained		Original grade scale maximum		Original grade scale minimum	
Number of hours completed within the course		Syllabus attached (yes/no)		Transcript of grades attached (yes/no)	
Student's signature				Date (dd/mm/yy)	

**NOTE: The application is invalid without the syllabus or the transcript of grades. JUMC SME advises against transferring credits/grades to avoid any potential complication with licensing procedures after graduation.**

## TO BE FILLED OUT BY THE JU MC SME COURSE COORDINATOR

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### COURSE COORDINATOR'S RECOMMENDATION

JU MC SME Course Coordinator				
Decision (positive/ negative)				
Justification				
Suggested grade (if applicable)				
Course Coordinator's signature and stamp			Date (dd/mm/yy)	

**PLEASE RETURN THIS FORM ALONG WITH THE ATTACHED DOCUMENTS TO: SZKOŁA MEDYCZNA DLA OBCOKRAJOWCÓW UJ CM, UL. ŚW. ANNY 12, 31-008 KRAKÓW.**

## TO BE FILLED OUT BY THE DEAN

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### DEAN'S DECISION

Dean's Decision (positive/ negative)				
Justification				
Grade awarded to the student (if applicable)				
Dean's signature and stamp			Date (dd/mm/yy)	