

SEMMELWEIS UNIVERSITY  
Faculty of Health Sciences  
17 Vas Street  
H-1088 Budapest

Ville/City, \_\_\_\_\_

**SUBJECT: Request for transfer from** \_\_\_\_\_  
**OBJET : Demande de transfert**

I, the undersigned \_\_\_\_\_  
*Je, soussigné*  
born in \_\_\_\_\_ on \_\_\_\_\_  
*né à le*  
resident in Road \_\_\_\_\_ City \_\_\_\_\_  
*domicilié à : Rue Ville*  
Country \_\_\_\_\_ enrolled in the \_\_\_\_\_ year  
*Pays inscrit en année*  
of the Bachelor in Physiotherapy \_\_\_\_\_  
*du cycle Bachelor en Kinésithérapie de*

**ASK**  
**JE DEMANDE**

the transfer to your university "Semmelweis University Faculty of Health Sciences", in the autumn  
*Le transfert vers votre Université «Semmelweis University Faculty of Health Sciences», en*  
semester of the \_\_\_\_\_ year, of your Bachelor Sc. Degree in Physiotherapy course.  
*semestre d'automne, de votre cursus de Licence en Physiothérapie.*

Best regards  
Salutations distinguées

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