

Debreceni Egyetem
Iktatás dátuma:
Iktatószám:
Irattári tételszám:
Melléletek száma:
Ügyintéző:

TAB elnökének véleménye:

Request to the Subcommittee for Educational Matters

Name:.....

Year: 1ST, 2ND, 3RD, 4TH, 5TH, 6TH, (please circle as appropriate)

Faculty Medicine Dentistry Pharmacy

Temporary Address:.....phone:.....

e-mail:.....

Subject of your request:.....

Please write down your present request:

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What are your reasons for this request? (attach relevant document if necessary.)

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Please attach a copy of your lecture book.

The above data are correct to the best of my knowledge and I understand that in case of false data my request will be rejected automatically and will cause a disciplinary procedure.

Date:.....

.....
signature of the student