

**Request for tuition fee payment**

<b>Addressee:</b> The Rector of Semmelweis University	
<b>OFFICE USE ONLY</b>	
Request arriving place:	
Request arriving date:	
Registration number:	ETK/TO-DH/...../20.....

<b>Student's details</b>	
Name:	
Neptun code:	
Address:	
E-mail address:	
Phone number:	

<b>Program details</b>	
Faculty:	Faculty of Health Sciences
Program:	Nursing and Patient Care
Specialisation:	
Year:	
Track:	Full-time
Tuition:	Fee-paying
Target semester:	.....academic year.....semester

<b>Subject of the Request (please choose the appropriate one and indicate the required details)</b>	
1. Extension for the tuition fee payment deadline	Please indicate the requested deadline:
2. Installments	Please indicate the requested installment schedule:
3. Other	

<b>Reasons, explanation to justify the request (certificate to consider social background, attached documents)</b>

Date: \_\_\_\_\_ (dd/mm/yyyy)

Student's signature: \_\_\_\_\_