Application Form for Deferment of Studies

**(Requests permitted only during the three years training period for deferring semesters)**

I,...............................................a .............. year student with a state grant [ ] / fee paying [ ] / with other type of grant [ ]  of the ............................................. Division of PhD Studies (registration number: .........................) request for the endorsement of the Doctoral Council to defer my PhD studies.

|  |  |  |
| --- | --- | --- |
| The requested deferring period  | begins (day, month, year): .................... | semester: .................... |
| ends (day, month, year): .................... | semester: .................... |

|  |
| --- |
| The number and period of earlier deferred semesters: ........................................... |
| If you have already had deferred semesters, give reason why you are requesting a further derferment: ........................................... |
| Postal address during the deferment period: permanent address, address of your place of work, other address:  |

Date: Budapest, ......................................200

……………………….
The applicant’s Signature

## Recommendation

The application is

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Supported by | Not supported by | Date | Signature |
|  |  |  |  |  |
| Tutor  | [ ]  | [ ]  | ……………… | ……………… |

## The decision of the doctoral council

Deferring endorsed [ ]  / not endorsed [ ]

Date: Budapest, ......................................…………202

The President of the Doctoral Council of the University