



SEMMELWEIS UNIVERSITY

FACULTY OF DENTISTRY Study and Examination Committee

Chairman

DR. BENCE TAMÁS SZABÓ associate professor

SPECIAL PERMISSION

Semmelweis University Organizational and Operational Regulations - BOOK III Student Requirements - PART III.2 Study and Examination Regulations, Article 22 (9)

STUDENT DATA	
Last name:	First name:
NEPTUN ID:	E-mail:
Address:	
Form of financing: self-financed/scholarship**	Faculty: Dentistry Year:

(** please underline)

Addressed to: To the Study and Examination Committee

Request and reasoning: _____

Attachments:	
Declaration:	
I declare that I have read and understood the terms and conditions for the special permission outlined in Book III, Part III, Section 2, Article 22 (9) of the Study and Examination Regulations.	
Signature:	Date:

REGISTRAR'S OFFICE		
Ügyintéző:	Beérkezés:	Véleményezésre kiküldve:

STUDY AND EXAMINATION COMMITTEE	
APPROVED	REJECTED
Signature:	Date: