



SEMMELWEIS UNIVERSITY

FACULTY OF DENTISTRY Study and Examination Committee

Chairman

DR. BENCE TAMÁS SZABÓ assistant professor

EXAM OUTSIDE OF THE EXAM PERIOD

STUDENT DATA	
Name:	NEPTUN ID:
Phone:	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 conditions for the exam outside of the exam period set out in Article 31 (2) of Book III, Part III, Part 2 of the Operational and Organizational Regulations.	
Signature:	Date:

REGISTRAR'S OFFICE		
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Ügyintéző:	Beérkezés:	Véleményezésre kiküldve:
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STUDY AND EXAMINATION COMMITTEE	
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APPROVED	REJECTED
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Signature:	Date:
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