



SEMMELWEIS UNIVERSITY

FACULTY OF DENTISTRY Study and Examination Committee

Chairman

DR. BENCE TAMÁS SZABÓ assistant professor

SPECIAL PERMISSION REQUEST

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, the undersigned, declare that, in accordance with the provisions of Article 53 (2) a) of Part 2 of Book III of the Operational and Organizational Regulations, I have made use of the special permission times for the subjects included in the model curriculum of semesters 1-4 and times for the subjects included in the model curriculum of semesters 5 and higher, during my university studies.



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semmelweis.hu/fok



Signature:	Date:
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REGISTRAR'S OFFICE

Ügyintéző:	Beérkezés:	Véleményezésre kiküldve:
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STUDY AND EXAMINATION COMMITTEE

APPROVED	REJECTED
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Signature:	Date:
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