

**Semmelweis University**  
**Faculty of Pharmaceutical Sciences**  
**Studies and Examinations Committee**

Chair of Studies and Examinations Committee: Dr. Márta Mazákné Kraszni  
 1085 Budapest, Üllői út 26.

<b>Registration number:</b>
<b>Date:</b>

**Exam request outside exam period**

Student data	
<b>Faculty:</b> Pharmaceutical Sciences	<b>Type:</b> Full-time training
<b>Language of training:</b> English	
<b>Name:</b>	
<b>Neptun code:</b>	<b>Current semester:</b> 20...../20...../.....
<b>E-mail:</b>	
<b>Address in Hungary:</b>	
<b>Phone:</b>	<b>Year (circle):</b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>

Subject data	
<b>Name of subject:</b>	
<b>Number of failed exams:</b>	<b>Number of subject registration(s):</b>

**Request:**

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**Statement:**

I understand that, according to the regulations, examinations outside the examination period must be taken in the first two weeks of the semester.

By signing below, I certify that I am aware of all the conditions of the application.

Budapest, . .202 .....  
 Date

.....  
 Student's signature

Studies and Examinations Committee		
<b>Decision of the Committee:</b>	<b>Permitted</b>	<b>Rejected</b>
<b>Signature of Chair of Studies and Examinations Committee:</b>		
<b>Date:</b> Budapest,		