



SEMMELWEIS UNIVERSITY  
FACULTY OF PHARMACY

Chair of Studies and Examinations Committee  
DR. MÁRTA MAZÁKNÉ KRASZNI

## Request for Special Permission (Faculty of Pharmaceutical Sciences)

**Proof must be attached to the form (medical certificate, etc.)**

*\*Signature and official stamp/seal from the Department responsible is required.*

### STUDENT DATA

Family name:	First name:
Neptun-code:	Current semester: 20...../20...../.....

Addressed to: Academic and Examination Committee

Request: \_\_\_\_\_

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With my signature, I certify that I am aware of every condition of this request: \_\_\_\_\_

### OPINION OF THE HEAD OF DEPARTMENT

SUPPORTED

NOT SUPPORTED

JUSTIFICATION:

SIGNATURE AND STAMP

**DECISION OF THE STUDIES AND EXAMINATIONS COMMITTEE**

**PERMITTED**

**REJECTED**

**Signature**

**Date**

.....  
**Chair of  
Studies and Examinations Committee**