



SEMMELWEIS UNIVERSITY
FACULTY OF PHARMACEUTICAL SCIENCES

Chair of Examination and Studies Committee
DR. MÁRTA MAZÁKNÉ KRASZNI

This section is filled out by the Registrar

Registration number:

Date:

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:

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

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*Chair of
Studies and Examinations Committee*