



SEMMELWEIS UNIVERSITY

FACULTY OF PHARMACY

Chair of Studies and Examinations Committee

DR. MÁRTA MAZÁKNÉ KRASZNI

**Subject registration without passing the prerequisite**  
**- ONLY in case of a multi-level subject-**  
*(Faculty of Pharmaceutical Sciences)*

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

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

REQUEST		
	SUBJECT CODE	SUBJECT NAME
CV SUBJECT		
SUBJECT WITHOUT PREREQUISITE		

OPINION OF THE DEPARTMENT RESPONSIBLE	
SUPPORTED	NOT SUPPORTED
Notes:	SIGNATURE AND STAMP

**DECISION OF THE STUDIES AND EXAMINATIONS COMMITTEE**

**PERMITTED**

**REJECTED**

**Signature**

**Date**

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