



## Faculty of Health Sciences

Department of Educational Support Registrar's Department

Please fill this form with CAPITAL LETTERS!

## REQUEST TO THE EDUCATIONAL COMMITTEE

(Institutional ID: FI 58544)

Name:	Neptun code:
Date of birth:	Mother's name:
Address:	
Email:	
Study program:	
Specialization:	
Your request:	
Reason(s): (Pleas	e attach the relevant document(s)!)
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	signature
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