University of Pécs
Faculty of Health Sciences

Registrar's Department

Please fill this form with CAPITAL LETTERS!

REQUEST FOR TERMINATING STUDENT STATUS
(Institutional ID: FI 58544)

Name: ..... Neptun code: .....

Date of birth: ..... Mother's name: .....

Study program: .....

Specialization: .....

Address:.....

Email:.....

Reason(s):

Attached document(s):

Pécs, ...

.....

signature

Codes and Guidelines of University of Pécs Faculty of Health Sciences:

Article 23. *„(1) Student status shall be terminated (...) b) if the student, in written form, announces the termination of his/her student status, on the day the announcement is made (...)*

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