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

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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*

(…)