

*University of Szeged,
Faculty of Health Sciences and Social Studies
6726 Szeged, Temesvári krt. 31.*

Reference Number:
Receiving Date:

REQUEST FOR TERMINATING STUDENT STATUS^{1. 2.}

(Using this form is not necessary, a request including the data below sent to the Secretariat of International Programs is also acceptable!)

To the Dean of the Faculty of Health Sciences and Social Studies, University of Szeged

Szeged
Temesvári krt. 31.
6726

Name:.....

Study program:

at the Faculty of Health Sciences and Social Studies, University of Szeged

Semester:.....

Birth date or Neptun Code:

Address (postal and email):.....

I terminate my studies at the above given program thus please take my name out of the student list.

Please underline the cause of your terminating:

I have gained admission to another faculty of the University of Szeged. Name of the faculty:

.....

I have gained admission to another Hungarian University. Name of the University and faculty:

.....

Other causes of my termination request:

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.....

Szeged, date: day, month,year

.....

signature

1. According to the act **Nftv 59. § (1)** The student status shall be terminated

a) on the day of his or her admittance if the student has been admitted to another institution of higher education,

b) on the day the student notifies the institution of higher education concerning his or her terminating the student status

2. This form should be filled in by students and handed or sent to the Secretariat of International Programs.