



Request for late activation

A.	Personal data of the student	
Surname:	First name(s):	
EHA code (username): _____ .PTE		
Major: <input type="checkbox"/> General Medicine / <input type="checkbox"/> Dentistry / <input type="checkbox"/> Pharmacy		Admitted in (year):

B.	Type of request
	Active semester after the registration period

C.	Reasoning (with attached documents if possible)
Attached documents: <input type="checkbox"/> yes / <input type="checkbox"/> no	
Date:	Signature:

D.	For Office use only!	Registry number: PTE/_____/201_
Received on:		Administrative officer:
Request received before the deadline established by the Code of Studies and Examinations: <input type="checkbox"/> yes / <input type="checkbox"/> no		
Notes:		
<input type="checkbox"/> Request accepted / Kérelem elfogadva		<input type="checkbox"/> Request rejected / Kérelem elutasítva
Signature Head of the Educational Committee	Seal	Date of decision
Student informed:		Registered in ETR:

To be handed in at the Registrar's Office!

Address: 7624 Pécs, Szigeti út 12.