

**Request for dropping a course**

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	
Dropping a course due to overlapping	
Dropping a course for other reasons (short reasoning):	
Date:	Signature:

C. Course to be dropped	Course overlapping with the course to be dropped
Exact course title:	Exact course title:
Course code:	Course code:
Time:	Time:

D. Course director's opinion / Tantárgyfelelősi nyilatkozat			
a) Course director of the course to be dropped / Leadni kívánt tárgy tantárgyfelelőse:		b) Course director of the overlapping course (to be filled out in case of overlapping) / Ütköző kurzus tantárgyfelelőse (ütközés esetén kitöltendő):	
<input type="checkbox"/> I do not support the student's request (short reasoning) / A hallgató kérvényét nem támogatom (rövid indoklás):		<input type="checkbox"/> I do not support the student's request (short reasoning) / A hallgató kérvényét nem támogatom (rövid indoklás):	
<input type="checkbox"/> I support the student's request. / A hallgató kérvényét támogatom.		<input type="checkbox"/> I support the student's request and I certify that the student takes part in the course named above, at the time named above. / A hallgató kérvényét támogatom, és igazolom, hogy a hallgató a fenti időpontban részt vesz a fenti kurzuson.	
Név:	PH	Név:	PH
Aláírás:	Dátum:	Aláírás:	Dátum:

E. 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:	