



Request for late passivation

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
Passive 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	
Decision made by: <input type="checkbox"/> Educational Committee / <input type="checkbox"/> Registrar		
Signature	Seal	Date of decision
Student informed:	Registered in ETR:	