



Request for late course registration

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. Late registration of a course	
Exact course title:	Course code:

C. Reasoning (use backside of sheet if necessary)	
Date:	Signature:

D. Course director's opinion / Tantárgyfelelősi nyilatkozat			
<input type="checkbox"/> I do not support the student's request (short reasoning) / A kérvényt nem támogatom (rövid indoklás):			
<input type="checkbox"/> I support the student's request and I certify that / A kérvényt támogatom és igazolom, hogy			
- we can ensure a place for the student, considering the maximum number of students and the capacity of the room. / a hallgatónak a létszámkorlát és a terem befogadó-képességének figyelembevételével helyet tudunk biztosítani a kurzuson.			
- the number of classes missed by the student until today is under the limitation established by the CSE. / a hallgató a mai napig nem érte el a TVSZ alapján megengedett hiányzások mértékét.			
Név:	Aláírás:	PH	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			
The student has fulfilled the prerequisites of the course: <input type="checkbox"/> yes / <input type="checkbox"/> no (missing prerequisite/s: _____)			
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.