



Request for Delayed Payment due to Student Loan

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

B. Period considered	
Academic year:	Semester:
Full amount of tuition fee per semester:	

C. Details of the institution providing loan	
Full Name:	
Address:	
Contact details (telephone, email):	

D. Declaration of commitment	
<p>I declare that in the period above I am using student loan to cover my tuition fee. I declare that the data above are true and give my consent to the Medical School to check their validity. I hereby undertake commitment to pay the full amount of my tuition fee according to the provisions of the Code of Charges and Benefits of UP before the deadline to be set by the Educational Committee.</p>	
Date:	Signature:

D. For Office use only!		Registry number: PTE/_____/20__
Received on:		Administrative officer:
Deadline for delayed payment: <input type="checkbox"/> October 15 (fall term) / <input type="checkbox"/> March 15 (spring term)		
<input type="checkbox"/> Request accepted / Kérelem elfogadva		<input type="checkbox"/> Request rejected / Kérelem elutasítva
Signature	Seal	Date of decision