

**Request for tuition fee reduction based on social needs**

| Type of request |
|--|
| <input type="checkbox"/> Tuition fee reduction based on social needs |
| <input type="checkbox"/> Other: |

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

| B. Family and social circumstances of the student (please select the relevant information) | |
|--|--|
| <input type="checkbox"/> is maintained by his / her parents | <input type="checkbox"/> is maintained by other relatives |
| <input type="checkbox"/> his/her parents are divorced | <input type="checkbox"/> his/her parent(s) are deceased |
| <input type="checkbox"/> maintains himself / herself alone | <input type="checkbox"/> is married / lives in cohabitation |
| <input type="checkbox"/> she / his wife is pregnant | <input type="checkbox"/> has child(ren) |
| <input type="checkbox"/> is seriously ill / disabled | <input type="checkbox"/> family member is seriously ill / disabled |
| <input type="checkbox"/> has 2 or more siblings | <input type="checkbox"/> other: |

| C. Financial circumstances of the student | | | |
|--|----------------------|------------|--------|
| 1) Salary of the parents (or other supporter of the student) | | | |
| Name | Relationship | Profession | Salary |
| | | | |
| | | | |
| 2) Siblings (or other people to be maintained in the household) | | | |
| Name | Relationship | Profession | |
| | | | |
| | | | |
| 3) Other income (e.g. loan, scholarship) | | | |
| Type of the income | Amount of the income | | |
| | | | |
| | | | |



Pécs, _____, 20____

.....
signature of the student

| | | |
|--|-----------------------------|--|
| G. | For Office use only! | Registry number: PTE/_____/201_ |
| Received on: | | Administrative officer: |
| The student's tuition fee for the semester: | | |
| The student was granted tuition fee reduction based on social needs in the previous semesters (informative data): <input type="checkbox"/> yes / <input type="checkbox"/> no | | |
| semester/.....: | | semester/.....: |
| semester/.....: | | semester/.....: |
| Academic achievement of the student in the last 2 semesters (informative data): | | |
| 1) semester/.....: | | 2) semester/.....: |
| weighted average: | | weighted average: |
| corrected credit index: | | corrected credit index: |
| In the present semester the student registered for courses of the semester (see course registration sheet). Expected date of graduation (informative data): | | |
| The student attached the proof of payment of 40 % of the tuition fee: <input type="checkbox"/> yes / <input type="checkbox"/> no | | |
| Notes: | | |
| Proposal of the Educational Committee: % | | |
| Reasoning of the rate of the reduction: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Deadline for tuition fee payment (to be filled out in case of delayed payment): | | |
| Signature Head of the Educational Committee | Seal | Date of decision |
| Student informed: | | |



Instructions for filling the form

Regulations regarding tuition fee reduction based on social needs in the **Dean's order no. 1/2012 (January 2) of the Medical School modified by Dean's order no. 3/2013 (July 10):**

7. § Request for reduction based on social needs

(1) Upon request, the student may be granted tuition fee reduction based on equitable social circumstances by the Dean of the Faculty.

(2) The student may be granted tuition fee reduction based on social needs if he/she can certify **with documents** that **extraordinary circumstances** causing the necessity of the reduction had appeared in his/her living conditions **in the year before the start of the given semester**. The request shall be rejected without decision on the merits in the absence of above documents.

(3) Based upon his authority of consideration, the Dean of the Faculty decides on granting reductions of the tuition fee and their rate and the deadline for payments, based on the proposal of the Educational Committee [...]. The rate of reduction **cannot exceed 70% of the tuition fee**.

3. § (9) The reduction of the tuition fee can only be permitted if the request is **submitted before the workday following the end of the registration period of the semester** to the Registrar's Office of the Faculty [...]. **Missing the deadline shall result loss of rights**, request submitted subsequent to the deadline shall be rejected without decision on the merits.

Documents to be attached

Indicate and describe your living conditions in the sections B-E. of the form, considering especially the extraordinary circumstances appeared in the year before the start of the given semester. Please prove every circumstance with attached certificates.

Please list all the attached documents in section G. of the form. In the following cases you have to attach the copy of the following certificates.

To sections B., D. and E.:

Divorced parents: divorce certificate

Deceased parent(s): death certificate

Marriage / cohabitation: marriage certificate / cohabitation certificate

Pregnancy / children: medical certificate of pregnancy / birth certificate

Serious illness / disability: medical certificate

Big, unexpected expense: any certificate that clearly shows type and amount of the expense (e.g. bill, bank account statement)

Other circumstances: any official document that proves the circumstance

To section C.:

The parent's salary statement should be attached also if they don't provide financial support!

Employed parents: salary statement

Unemployed parents: unemployment statement

Retired parents: pension statement / bank account statement with the amount of the pension

Siblings: identity card / student status certificate

Other income: any certificate that clearly shows type and amount of the income (e.g. scholarship certificate, loan contract, bank account statement)