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|  | **Pázmány Péter Catholic University**  **Faculty of Humanities and Social Sciences**  **Study Committee Request**  H-2087 Piliscsaba, Egyetem utca 1. (Pf.1.) |

**Conditions of submitting the request:**

* the service fee (social security request) has been paid in the Neptun system
* the student’s signature and justification for the request (the justification may only be submitted in printed form)
* signatures (not initials) of the teachers involved
* signature (not initial) of the head of the institution and, if necessary, justification
* the appendices and certificates necessary for evaluating the request
* for guest students: certification of student legal status
* ticking the applicable boxes in the request

The deadline for the evaluation of requests: thirty days from submission.

For subject registration/cancellation, the service fee has to be paid within 15 days of the positive evaluation. The decision on social security will otherwise lapse.

**To be filled in by the Registrar’s Office.**

**Received:** …………………………… **File No.:** …………………………………..

**Received**: …………………………….. **Educational administrator:** ………………………...

**Name:** ………………………………………… **Neptun code:** ………………………

**Major:**……………………………………. **Full-time/ correspondence / evening**

**1. Permission for deferred enrolment/registration**

**2. Allowing a special schedule**

**exemption from the obligation to attend classes as a full-time student**

**allowing an active student to take early exams during term time**

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| **Subject code** | **Course code** | **Subject name** | **Name of teacher (with printed letters)** | **Teacher’s signature** | **Date** |
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**3. Permission for guest student legal status**

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| **Subject code** | **Course code** | **Subject name** | **Name of teacher (with printed letters)** | **Teacher’s signature** | **Date** |
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**4. Permission for special deferred subject registration**

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| **Subject code** | **Course code** | **Subject name** | **Name of teacher (with printed letters)** | **Teacher’s signature** | **Date** |
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**5. Permission for special deferred subject cancellation**

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| **Subject code** | **Subject name** | **Name of teacher (with printed letters)** |
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**6. Granting exemption from under prerequisite conditions**

**parallel subject registration** (for taking a prerequisite subject and the subject requiring it as a prerequisite in the same semester)

**registration for prerequisite subject** (in lack of the prerequisite)

**CV (exam only) course registration** (if the student has not yet earned a signature)

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| **Subject code** | **Course code** | **Subject name** | **Name of teacher (with printed letters)** | **Teacher’s signature** | **Date** |
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**To be filled in by the head of the institution responsible for the program.**

**I support the request:** 

**I do not support the request:** 

Justification: ………………………………………………………………………………………

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Dated in …………………….. on month ………….. day ............... year .............

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Signature of the head of the institution

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**Student signature**

**Study Committee’s decision:**

Justification: ...........................................................................................................................................................................................................................................................................................

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Study Committee Chair’s signature