**Late State Exam Registration / Deregistration**

 Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

 Neptun code:

 City:

 Address Line:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 Postal code:

 Phone number:

 E-mail:

**Subject of the request:**

☐ State Exam Registration

☐ State Exam Deregistration

**Reason (optional):**

**Student’s program:**

**Specialisation:**

**Cycle:** ☐ BSc ☐ MSc

Date:­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **International Office**

**In case of Late State Exam Registration**

The student **has / has not** fulfilled the requierements of taking the State Exam.

Date:

 International Relations Officer

 **Department’s Opinion**

**In case of Late State Exam Registration**

 ☐ Supported ☐ Not supported

**Reason (optional):**

Date:

 Head of Department’s signature

 **Department’s Administration**

 ☐ Administration of State Exam Registration

☐ Administration of State Exam Deregistration

Date:

 Administrative Assistant