**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