REQUEST FORM / for Faculty Education Committee’s decision /

(Please fill out the form electronically.)

 Student’s name: …………………………………………

#  Place of residence (in Hungary): ………………………………………….

 Street/ number/floor/door: …………………..…………………….

 Postcode: …………………....................................

**Subject of the request:** ...………………………………………………………………………………………………………………………………………………………………………………………………………………..................................

**Reason:**

...…………………………………………………………………………………………………...………………………………………………………………………………………………….…..………………………………………………………………………………………………..…………………………………………….

**Attachments:**….………………………………………………………………………………………

..………………………………………………………………………….…………………………….

**Student’s name:**……………………………..…………………………………………………………

**Date and place of birth:**………………………………………………………………………………..

**Phone number/Email:** …..………….………….

**Program:**…………………………………………….

  **Mode of study:** part-time/full-time (please underline)

 **Cycle:** BSc/MSc (please underline)

  **Neptun-code:**………………………………………..

Last active semester: Attempted credit points…..….. Achieved credit points:….….. Scholarship key:……....
Total number of credit points achieved on the program:……………..

The undersigned states that he/she accepts the following:

1. Rules and Regulations of the Faculty of Engineering, University of Debrecen,
2. the Education Committee of the Faculty rejects incomplete and overdue requests.

(Rules and Regulations can be found at https://eng.unideb.hu/en/node/266 and in the Faculty Library.)

Debrecen, ………..(day)…………………………..(month)…………….(year)

…………………………………………….

 **Signature**

**Department’s opinion**

**(In case of requests relating to the accomplishment of study requirements the head of department’s or course coordinator’s written opinion is necessary.)**

……………………………………………………………………………………………...………………………………………………………………………………………...…………………………………………………………………………………………………..……………….

Debrecen, .….. (day) ….……… (month) .………. (year)

………………………………………………………….

 Head of Department’s/Course coordinator’s signature

# Faculty Education Committee’s Decision

**Decision:**

**Reason:**

**Date of decision:** ….…… (day) …………………….. (month) …..….. (year)

**Decision approved by:** ………………………………………(Chairman of the Faculty Education Committee)

Students can appeal against the Faculty's Education Committee’s decision taken in the first instance within 15 days of the receipt of the notification. The appeal shall be addressed to the Rector of the University of Debrecen and submitted to the Faculty Education Office.