



**EÖTVÖS LORÁND UNIVERSITY
FACULTY OF EDUCATION AND PSYCHOLOGY
STUDENT AFFAIRS AND REGISTRAR'S OFFICE**

**Request form
for the Academic Committee**

Reg. Nr.: _____ / _____ /20_____

Name: _____ Neptun code: _____

Programme: _____ Level: _____ Faculty: _____

Phone number: _____ E-mail : _____

Address (in case it differs from the address registered in the Neptun database): _____

Subject: _____

Academic year, semester: 20____ / 20____ / _____

Reasoning: _____

Date: _____

Student's signature

Must be filled out in case of individual schedule.

Courses to be achieved during the semester (filled by the student)			Filled by the competent teacher	
Course title	Course code	Deadline and method of achievement	Teacher's permission	Teacher's signature
1.				
2.				
3.				
4.				
5.				

Decision of the Academic Committee

Note: _____

Budapest, _____

Chairman of the Academic Committee