



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

Registration nr: \_\_\_\_\_/20\_\_\_\_\_

## For Erasmus-students

### **Request for individual schedule to the Academic Committee For courses completed at the Eötvös Loránd University during the Erasmus-semester**

Name: \_\_\_\_\_ Neptun code: \_\_\_\_\_

Programme: \_\_\_\_\_ Faculty: \_\_\_\_\_ (short form)

Semester: 20\_\_\_\_ / 20\_\_\_\_ / \_\_\_\_\_

Name of the receiving institution: \_\_\_\_\_

Receiving city, country: \_\_\_\_\_

Expected starting date: 20\_\_\_\_\_

Expected duration: \_\_\_\_\_ month

Expected date to arrive back to Hungary: 20\_\_\_\_\_

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

\_\_\_\_\_  
Student's signature

Courses to be completed at the ELTE during the semester (filled by the student)				Teacher's permission (filled by the relevant teacher)	
Subject title	Subject code	Course Code	Deadline and method of achievement	Teacher's name (with capital letters)	Teacher's signature
1.					
2.					
3.					
4.					

Budapest, \_\_\_\_\_

**This page should be submitted in the Information Office (KAZY 110)!**



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

Registration nr: \_\_\_\_\_/20\_\_\_\_\_

## For Erasmus-students

### Request for individual schedule to the Academic Committee For courses completed in the Erasmus programme

Name: \_\_\_\_\_ Neptun code: \_\_\_\_\_

Programme: \_\_\_\_\_ Faculty: \_\_\_\_\_ (short form)

Semester: 20\_\_\_\_ / 20\_\_\_\_ / \_\_\_\_\_

Name of the receiving institution: \_\_\_\_\_

Receiving city, country: \_\_\_\_\_

Expected starting date: 20\_\_\_\_\_

Expected duration: \_\_\_\_\_ month

Expected date to arrive back to Hungary: 20\_\_\_\_\_

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

Student's signature

Courses to be completed at the receiving institute and their equal courses at the ELTE (filled by the student)		Teacher's permission (filled by the relevant teacher)	
Code and title of the course at the ELTE	Title of the equal course completed at the receiving institute	Teacher's name (with capital letters)	Teacher's signature
1.			
2.			
3.			
4.			

Budapest, \_\_\_\_\_

**This page should be submitted to the Faculty's Erasmus coordinator**

**Obligatory attachments: a copy of the Learning Agreement and Changes to the original learning agreement**