



Albert Szent-Györgyi Medical School Financial Support Program

Albert Szent-Györgyi Medical School Financial Support Program 2022/2023-2

for international students studying in the foreign language medical programs of the
Albert Szent-Györgyi Medical School of the University of Szeged

Aim

The aim of the program is to aid the highest-performing students partaking in our foreign language medical programs.

Conditions

Support

Students eligible are provided a reduction of their tuition fees—if they request it—in the amount of 1000 euros (or the equivalent of this amount in U.S. dollars for students paying their fees in this currency) in the second semester of the 2022/2023 academic year: between February 2023 and June 2023.

Eligibility

- Those 2nd, 3rd, 4th and 5th year students partaking in our foreign language medical programs who have begun their studies at the Albert Szent-Györgyi Medical School in the first year.
- Outstanding study average in compulsory subjects in the first semester of the 2022/2023 academic year: the student's academic performance (semester average) in compulsory subjects is to reach at least 90% (4.50) of the maximum 100% (5.00).
- Uninterrupted study progress made according to [the suggested study plan](#).
- No examination course taken in the first semester of the 2022/2023 academic year.

Precondition

Those students who fulfill the eligibility criteria above and wish to receive the financial support made available by the Program are to submit the completed *request form* (appendix 1) **by midday on February 3, 2023**. Late submission requests are not accepted.

Support period

February 2023—June 2023.

One student is entitled to submit one request only.



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Non-eligibility

The reduction will be denied from the student requesting the Support if

- the request is submitted after midday on February 3, 2023,
- the student is a National Higher Education Scholarship Holder in the 2022/2023 academic year,
- the request submitted contains false or deceptive data in the declaration or otherwise,
- the student requesting the Support was given a Dean's Warning or disciplinary proceedings were initiated against him/her in the first semester of the 2022/2023 academic year.

Request procedure

All request forms are to be submitted via e-mail to med2.fs@med.u-szeged.hu.

Submission deadline

Midday on February 3, 2023. All requests fulfilling the above conditions are accepted. Submissions outside the submission period and past this deadline are not accepted.

Notification

Decisions are announced by the Foreign Students' Secretariat.

Further information

Information on the Albert Szent-Györgyi Medical School Financial Support Program is available at [the website of the Foreign Students' Secretariat](#).

Prof. György Lázár M.D., Ph.D., D.Sc.
Dean of the Albert Szent-Györgyi Medical School



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APPENDIX 1

REQUEST FORM

for the Albert Szent-Györgyi Medical School Financial Support Program 2022/2023-2

for international students studying in the foreign language medical programs of the Albert Szent-Györgyi Medical School of the University of Szeged

| | |
|-----------------------------|-----|
| family name(s): | |
| given name(s): | |
| neptun code: | |
| date of birth (YYYY/MM/DD): | |
| telephone number: | +36 |
| e-mail address: | |
| year (2nd, 3rd etc.): | |
| today's date: (YYYY/MM/DD): | |

By signing the present request form, I declare that I have begun my first year studies at the Albert Szent-Györgyi Medical School and have followed the suggested study plan during the entirety of my studies; that I have not taken an examination course in the first semester of the 2022/2023 academic year; that I am not a National Higher Education Scholarship holder in the current 2022/2023 academic year; and that my regular grade average for said semester is at least 4.50.

By signing the present request form, I request my tuition fees to be reduced by 1000 euros (or its equivalent in U.S. dollars) for the second semester of the 2022/2023 academic year.

I hereby declare under penalty of perjury that all provided information on the present request form is true and correct.

I hereby authorize the University of Szeged to access and process my personal data indicated in the present request form for the duration of the Albert Szent-Györgyi Medical School Financial Support Program provided for the purpose of verifying eligibility for it.

I hereby authorize the University of Szeged to use and transfer my personal data indicated in the present application form in order to help organize the Albert Szent-Györgyi Medical School Financial Support Program.

.....
signature