



H-6720 SZEGED, Tisza Lajos körút 64. Tel.: (00 36 62) 545-299, Fax: (00 36 62) 545-282 E-mail: stoma@stoma.szote.u-szeged.hu

Received on:

## Request form for academic affairs

From:	
To:	
Date: Szeged, (day) (month), 2017	
ETR username:SZE	
E-mail address:@	
I am a student in the basic/pre-clinical/clinical module (please Dentistry in the second semester of the academic year 2016/2017.	
	••••••
	•••••
Reason:	••••••
	••••••
	•••••
Attached certificates/documents (documents supporting your re	quest have to be attached):
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Yours sincerely,	
Student's signature	
Statem 5 Signature	

## WHEN YOU WRITE A REQUEST, PLEASE FOLLOW THE GUIDELINES BELOW.

From: your name

**To:** \* Prof. habil. Gyula Szabó M.D., Ph.D., D.Sc. Program Director

or

\* Associate Professor Kinga Turzó Ph.D. Dean of the Faculty of Dentistry

or

\* Dr. Csaba Berkovits
Head of the Academic Board of the Faculty of Dentistry

Date: today's date

Dear Professor,

- State your problem
- Be short and to the point
- State your request
- Attach supporting documentation (if necessary-i.e., you mention something in your request requiring proof)

Yours sincerely,

your signature

