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STATE BOARD EXAMINATION APPLICATION FORM

Program: Dentistry | Division: full-time | Submission deadline: April 6, 2017

Student's family name, first name:		
ETR ID:		
Address in Szeged:		
Address abroad:		
Date of birth (DD/MM/YYYY):		
Place of birth (city/country):		
Notify me via	My address in Szeged:	
	My address abroad:	
	Telephone:	+
	E-mail:	@

I hereby register for the State Board Examination. I understand that my application cannot be cancelled or modified unilaterally after the submission deadline.

State board examination period, academic year 2016/2017, spring term

FOG-KAF010	State board examination — Thesis
FOG-KAF020	State board examination — Written test
FOG-KAF030	State board examination — Patient examination – oral
FOG-KAF040	State board examination — Patient examination – practical

Szeged, (day) (month), 2017

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Student's signature