| UNIVERSITY OF SZEGED, Albert Szent-Györgyi Medical School, Foreign Students' Secretaria | t |
|---|---|
| COURSE REGISTRATION PLAN 🎇 2023/2024-2 | |

| Family name(s): | | Program: MEDICINE | | | |
|---------------------------------|--------------|---|-----------------|---|--|
| Given name(s): | | Began studies in 20/20 (e.g.: 2022/2023) | | | |
| Date: | | Please place a \checkmark in the appropriate box. | | | DO NOT PUT ANYTHING IN THIS COLUMN |
| Course code lecture/practice | Course title | First course registration | Complete repeat | Examination course find out 1) if it is available as an examination course, and 2) if you are eligible to take it | Examination chances exhausted |
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Neptun course registration deadline: February 25, 2024

Registering for every course on Neptun is the students' obligation and responsibility.

Remarks:

<u>DECLARATION</u>: By signing this form I declare that the above list is identical to the list of courses I registered for on Neptun in the second semester of the academic year 2023/2024. I understand that I am obligated to fill in a new course registration plan in case I make any modification to my course registration on Neptun. I declare to understand that this current document is <u>NOT</u> a course registration request and that I have to register for every course on Neptun regardless of what I put on this document. I also declare to understand that it is my responsibility to check for the preconditions of the course(s) I put on this plan, and that I am responsible to register for every compulsory subject—including both its lecture and its practice(s)—in the appropriate semester as per the curriculum. I understand that I am recommended to begin my examination period by first passing the examination course(s) I am registered for in the semester.

I am eligible for a 50% reduction of my tuition fees that I hereby request by checking this box: \Box

See University of Szeged, Albert Szent-Györgyi Medical School - Regulations on the reduction of tuition fees.

| Student's signature (read the declaration above before signing): | | | | | |
|--|-------------------|--|--|--|--|
| FOR OFFICE USE ONLY | | | | | |
| Tuition fee calculated: | Academic Officer: | | | | |
| | Date: | | | | |