

COURSE REGISTRATION PLAN  2025/2026-1

Family name(s):		Program: MEDICINE			
Given name(s):		Admitted to the first year medical program (academic year): 20 ____/20 ____ (e.g.: 2024/2025)			
Date:		Please place a ✓ 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

Neptun course registration deadline: September 21, 2025

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

Remarks:

DECLARATION: By signing this form I declare that the above list is identical to the list of courses I registered for on Neptun in the first semester of the academic year 2025/2026. 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 NOT 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.

Student's signature (read the declaration above before signing):