

English Language Health Science Programmes

DECLARATION OF CONSENT AND LIABILITY FOR STUDENTS UNDER 18 YEARS OF AGE BY PARENT OR LEGAL GUARDIAN

INFORMATION PARENT/LEGAL GUARDIAN:

| Name: |
|---|
| Date and place of birth (dd/mm/yy): |
| Address: |
| Phone number: |
| E-mail address: |
| INFORMATION ON CHILD/LEGAL WARD: |
| Name: |
| Date and place of birth (dd/mm/yy): |
| Applicant (Dream Apply) ID: |
| Course / Programme full name: |
| I the undersigned hereby declare that I take full responsibility for my underage daughter/son/sibling/family member (Please underline!), hereinabove identified, and I allow her/him to participate in the above-marked programme of the University of Szeged in the academic year 2026/2027. |
| I declare that I have read and understood the terms and conditions laid down in the Study Agreement. |
| I understand that in certain cases (e.g. illness) my presence may be necessary with my minor child. |
| I also give my consent for my child to sign the necessary documents during the matriculation procedure. |
| |
| Date: |
| Parent/legal guardian signature: |
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A photocopy of the parent's/legal guardian's ID or passport with clearly visible signature must be attached.