



Please fill this form with capital letters!

REQUEST FOR TERMINATING STUDENT STATUS

(University ID: FI 58544)

Name:.....
User name:.....Date of Birth:
Mother's name:.....BSc.
Program:.....Major:.....
Address:.....
Email Address:.....

Reason:

Listing attachements:

Pécs,

.....
signature

Codes and Guidelines of University of Pécs Faculty of Health Sciences:

Article 23. „(1) Student status shall be terminated (...) b) if the student, in written form, announces the termination of his/ her student status, on the day the announcement is made (...)"