

University of Szeged, Albert Szent-Györgyi Medical School Dean

109. Tisza Lajos körút, H-6725 Szeged. Phone: +3662 54-5016 office.aokdh@med.u-szeged.hu

Prof. Dr. György Lázár dean

Request for the termination of my student status with the Albert Szent-Györgyi Medical School

Full name:
Neptun code:
Year: (1 st , 2 nd etc.)
I hereby request that my student status with the Albert Szent-Györgyi Medical School of the
University of Szeged be terminated.
Reason:
I declare to understand that I cannot continue my medical studies unless I apply to the medical
program, successfully pass the entrance examination, and I am successfully admitted. I hereby
declare under penalty of perjury that I have settled all my financial debts to the University of
Szeged, including the Klebelsberg Library.
Date:
Date:
signature