Signature of the Faculty

Erasmus Coordinator

Submission deadline: 30 days prior to the 1st day of the mobility period

Signature of the Student

REQUEST TO PARTICIPATE IN AN EXCHANGE PROGRAM ABROAD

1.) Personal Data Name of the Student: EHA: **Semester:** Year: 2.) Details concerning the exchange program (country, city, name of the university, the dates of the mobility period) I would hereby like to request permission for participating in an exchange program in the subjects listed on the documents attached. Number of pages of the documents attached:..... Other attachments: 1. 2. 4. **3.** Szeged, _____ (year), ____ (month)____(day)