

**Request for late passivation**

A. Personal data of the student		
Surname:	First name(s):	
Neptun code (username): _____		
Major: Pharmacy	Admitted in (year):	
B. Type of request		
Passive semester after the registration period		
C. Reasoning (with attached documents if possible)		
Attached documents: <input type="checkbox"/> yes / <input type="checkbox"/> no		
Date:	Signature:	
D. For Office use only!		
Registry number: PTE/_____/20__		
Received on:	Administrative officer:	
Request received before the deadline established by the Code of Studies and Examinations: <input type="checkbox"/> yes / <input type="checkbox"/> no		
Notes:		
<input type="checkbox"/> Request accepted / Kérelem elfogadva	<input type="checkbox"/> Request rejected / Kérelem elutasítva	
Decision made by: <input type="checkbox"/> Educational Committee / <input type="checkbox"/> Registrar		
Signature	Seal	Date of decision
Student informed:	Registered in Neptun:	

To be handed in at the Registrar's Office!