## $UNIVERSITY\ OF\ SZEGED,\ Albert\ Szent-Györgyi\ Medical\ School,\ Foreign\ Students'\ Secretariat$

|  | COURSE REGISTRAT  | ION PLAN 💥 2  | 024/2025-1   |  |  |
|--|---|---|--|--|--|
| Family name(s):  |   | Program: MEDICINE   |  |  |  |
| Given name(s):  Date:  |   | Admitted to the first year medical program (academic year):  20/20 (e.g.: 2023/2024)                    |  |  |  |
|  |   | Please place a √in the appropriate box.   |  |  | DO NOT PUT<br>ANYTHING IN THIS<br>COLUMN   |
| Course code<br>lecture/practice  | Course title  | First course<br>registration  | Complete repeat  | Examination course find out 1) if it is available as an examination course, and 2) if you are eligible to take it    | Examination<br>chances<br>exhausted  |
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| Nentun course registrati   | on deadline: September 22, 2024   |   |  |  |  |
| •  | urse on Neptun is the students' obligation  | and responsibili  | ty.  |  |  |
| Remarks:   |   |   |  |  |  |
| first semester of the acade any modification to my or request and that I have t that it is my responsibility every compulsory subjections. | ning this form I declare that the above list lemic year 2024/2025. I understand that becourse registration on Neptun. I declare to register for every course on Neptun regity to check for the preconditions of the cit—including both its lecture and its practions mended to begin my examination per | I am obligated to<br>o understand that<br>ardless of what I j<br>ourse(s) I put on<br>tice(s)—in the ap | fill in a new cours t this current docu put on this docum this plan, and that opropriate semesto | e registration plat<br>ument is <u>NOT</u> a co<br>nent. I also declare<br>t I am responsible<br>er as per the curri | n in case I make<br>ourse registration<br>e to understand<br>to register for<br>culum. I |
| _  | uction of my tuition fees that I hereby reque   |   |  |  |  |
| See University of Szeged, Al   | bert Szent-Györgyi Medical School - Regulation  |   |  |  |  |
| FOR OFFICE USE ONL   | Student's signature (read the declaration   | above betore signing  | g):  |  |  |
| Tuition fee calculated:  | Academic Officer:   |   |  |  |  |
|  |   | Date:   |  |  |  |