

From: Last name: .....

First name: .....

To: Dr. Lívia Fülöp  
Head of the Academic Board

Date: .....

Dear Professor,

I am ....., NEPTUN code: ....., a ..... (1st, 2nd etc.)  
year student of Medicine and I would like to pay my tuition fees in euros instead of U.S. dollars from the  
..... (1st/2nd) semester of the 20.../20... academic year.

DECLARATION: By signing this form I declare to understand that from the semester indicated above  
forward I am required to pay my tuition fees in euros instead of U.S. dollars and that the euro-U.S. dollar  
exchange rate is determined by the University of Szeged and varies annually. I understand that I cannot  
reverse this decision, therefore, I cannot switch back to paying my tuition fees in U.S. dollars at the English  
language medical program at the University of Szeged, Albert Szent-Györgyi Medical School.

Yours sincerely,

.....

Student's signature