

English Language Health Science Programmes**DECLARATION OF CONSENT AND LIABILITY FOR STUDENTS****UNDER 18 YEARS OF AGE BY PARENT OR LEGAL GUARDIAN****INFORMATION PARENT/LEGAL GUARDIAN:**

Name:
Date and place of birth (dd/mm/yy):
Address:
Phone number:
E-mail address:

INFORMATION ON CHILD/LEGAL WARD:

Name:
Date and place of birth (dd/mm/yy):
Applicant (Dream Apply) ID:
Course / Programme full name:
<p>I the undersigned hereby declare that I take full responsibility for my underage daughter/son, hereinabove identified, and I allow her/him to participate in the above-marked programme of the University of Szeged in the academic year 2025/2026.</p> <p>I declare that I have read and understood the terms and conditions laid down in the Study Agreement.</p> <p>I understand that in certain cases (e.g. illness) my presence may be necessary with my minor child.</p> <p>I also give my consent for my child to sign the necessary documents during the matriculation procedure.</p> <p>Date: _____</p> <p>Parent/legal guardian signature: _____</p>

A photocopy of the parent's/legal guardian's ID or passport with clearly visible signature must be attached.