## UNIVERSITY OF SZEGED, Registrar's Office, Faculty of Pharmacy COURSE REGISTRATION PLAN ¤ 2024/2025-2

Family name:		Program: PHARMACY				
Given name(s):			Year:		Group:	
Date:		Please place a √in the appropriate box.		DO NOT PUT ANYTHING IN THESE COLUMNS		
Course code Lecture/Practice	Course title	Examination course	Repeated course	Course registration chance	Examination chances exhausted	
N	1 11: E-1 22 2025					
	on deadline: February 23, 2025	oibilieu				
Registering for every con	rse on Neptun is the students' obligation and respon	sibility.				
Remarks:						
FOR OFFICE USE ONLY	γ					
Tuition fee calculated:		Academic Officer:				
		Date:				
DECLARATION: I berek	by declare that the above list is identical to the list of		stered for on	Nentun in the	second	
	e year 2024/2025. I understand that I am obligated to					

modification to my course registration on Neptun. I also declare that I understand that this current document is NOT a course

Student's Signature:

registration request and that I have to register for every course on Neptun regardless of what I put on this document.

I would like to ask for a ............. % reduction of my tuition fee. (See: University of Szeged, Faculty of Medicine - Regulations on the reduction of tuition fees)