UNIVERSITY OF SZEGED, Registrar's Office, Faculty of Pharmacy COURSE REGISTRATION PLAN v 2025/2026-2

Family name:		Program: PH	Program: PHARMACY			
Given name(s):	Year:			Group: DO NOT PUT ANYTHING IN THESE COLUMNS		
Date:						
Course code Lecture/Practice	Course title	Examination course	Repeated course	Course registration chance	Examination chances exhausted	
Neptun course registrat	ion deadline: February 22, 2026					
Registering for every co	urse on Neptun is the students' obligation and	responsibility.				
Remarks:						
FOR OFFICE USE ONL		1, -				
Tuition fee calculated:		Academic Officer:				
		Date:				
DECLARATION: I here	by declare that the above list is identical to the	list of courses I regis	stered for on	Neptun in the s	second	

<u>DECLARATION</u>: I hereby declare that the above list is identical to the list of courses I registered for on Neptun in the second semester of the academic year 2025/2026. I understand that I am obligated to fill in a new course registration plan in case I make any modification to my course registration on Neptun. I also declare that I understand that this current document is <u>NOT</u> a course 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)	

Student's Signature:	
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