# Ref. No.:

**REQUEST FOR INTERRUPTING STUDIES**

## PERSONAL DATA: (to be completed by the student):

NEPTUN CODE: .............................................................................................................................................................................

SURNAME: ....................................................................................................................................................................................

FIRST NAME: ................................................................................................................................................................................

DATE AND PLACE OF BIRTH: ...................................................................................................................................................

## CURRENT STUDY PROGRAMME INFORMATION: (to be completed by the student):

NAME OF UNIVERSITY:..............................................................................................................................................................

NAME OF FACULTY: .................................................................................................................................................................

STUDY PROGRAMME: ..............................................................................................................................................................

NUMBER OF COMPLETED SEMESTERS: ...............................................................................................................................

START DATE OF STUDIES: .......................................................................................................................................................

INTERRUPTED TILL: .................................................................................................................................................................

NUMBER OF PASSIVE SEMESTERS (max. 2 semesters): .......................................................................................................

STUDIES TO BE CONTINUED IN (semester)

........................................................

Student’s signature, date

## APPROVED BY:

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Faculty coordinator’s signature, date

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 Institutional coordinator’s signature, date

# FOR INTERNAL USE ONLY

## REASON FOR INTERRUPTING STUDIES (to be completed by the student):

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**OPINION OF THE CURRENT FACULTY (to be completed by the Faculty Coordinator):**

# ......................................................................................................................................................................

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**GUIDE TO REQUEST FOR INTERRUPTING STUDIES FORM SUBMISSION:**

Be informed that if you decide to have a passive status for the next semester, you are not entitled for accommodation in the hostels of the University and the University of Miskolc is obliged to report your non-active status to the Immigration Office.

1. Students get the approval of the Faculty Council in a written form.

2. Students complete the REQUEST FOR INTERRUPTING STUDIES form, print and sign it, and send the photo / scan of the form to the Faculty Coordinator for approval (completion and signature). **Deadline: 1 September 2020.**

3. Faculty Coordinators send the completed and signed forms to IRO. **Deadline: 4 September 2020**.

4. IRO signs the request forms approved by the Faculties and sends a copy of the fully signed and completed document to the students. Deadline: **7 September 2020**.