

**Choosing specialization request form**

**(For students of Budai Campus and Ybl Miklós Faculty of Architecture only)**

**Deadline for submission 20th january / 25th august**

Administrator’s name:

Administrator’s contact:

Request ID:

Undersigned

Name of student:

Student ID:

Training:

Faculty:

Programme:

Year of entrance:

Division:

Place of training:

Number of completed terms:

Number of completed credits:

Number of credits taken:

**Dear Mrs./Mr. Program leader!**

I apply to you for permission to take up ……………………………………….. specialization of …………………………………. programme from the next term in case of support of specialization leader.

Undersigned declare, that the data I have provided is true.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of student

Cheked and commented on by the Registrar’s Office (name):

Date: , 20 . month day

 …………………………………
  Registrar’s Office

I give permit to change specialization : **yes no**

Date: , 20 . month day

 …………………………………
 signature of program leader