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| Reg nr.: IK/………... /.…(2025) |
| Date of receipt:………………….  Item nr.: ………………………… |

**ELTE Faculty of Informatics**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neptun ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST**

**Dr. Anna Krebsz Subject: Request for a Uniquely Tailored Study Arrangement Vice-Dean for Education**

**Honorable Vice-Dean for Education,**

I would like to submit a request for a uniquely tailored study arrangement in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of the \_\_\_\_\_\_/\_\_\_\_\_\_ Academic year according to the rules of ELTE Organisational and Operational Regulation, volume 2, ARS section 74.

**Reasons:**

□ exceptionally good academic performance,

□ persistently good academic and professional work, including at academic student workshops, study circle membership, tutoring and honoratior status,

□ persistently good academic performance and active involvement in the University’s public life,

□ academic scholarship, internship scholarship abroad or work abroad (for a duration that does not exceed the duration of the semester) that can be recognised as internship credit on the basis of a preliminary credit review,

□ reasons related to childbirth and child care,

□ the continuous, severe illness of the student or their direct family member,

□ sporting activity in a major league, membership in a national team,

□ participation in an outside internship under the curriculum.

The preliminary support of the lecturer overseeing the uniquely tailored study arrangement **must be attached to the Student’s request for each subject**, complete with the specific preference ensured for the Student’s completion of the various subjects.

**Attached documents, certificates:**

**Detailed explanation of the request (if needed):**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Yours sincerely,**

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

signature

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| Vice-Dean’s decision | |
| I approve the request, as agreed with the lecturers | I do not approve the request |
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| **Course code** | **Course name** | **Lecturer’s name** | **Specific preferences ensured for the completion\*** | **Lecturer’s signature** |
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**\*ARS – UNIQUELY TAILORED STUDY ARRANGEMENT – section 74.**

**Deadline:** The end of course registration period. (Except: delay in the application process of an academic scholarship for studies abroad)

(7) The student studying in a uniquely tailored study arrangement is entitled to the following special permission:

a) permission to be absent from all or some classes;

b) permission to take exams outside the exam period;

c) permission to complete the requirements of the training programme in a different time frame or with different specifics,

d) other preferences (e.g. concurrent completion of subjects built on one another, completion of a complementary subject or research, the completion of courses in a distance education settint, etc.).

**Please specify the above preferences in the excel.**

If needed, more lines can be inserted.