

REQUEST FOR EXAM POSTPONEMENT



Last name: First name:

Date of birth: d m yr Place of birth (city):

Language: Level of exam: Part of exam:

Candidate number:

Examination site:

Original exam date:

Comments (e.g. choice of a co-examinee):

I hereby accept that by filling in this form to postpone the date of my exam, I will be automatically registered for the next exam date.

Postponing may be done **only once for the next exam period.**

Only the part of the exam may be postponed that was originally registered. If you appear and start the exam, your appeal cannot be accepted.

Mailing address:

Country: Zip code: City:

Address (apt, street):

Phone number: E-mail address:

(Attach the original
cheque for the payment
of 3000 HUF here)

..... day month....., year

.....
signature