

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:

Name of beneficiary: Pécsi Tudományegyetem
Address of beneficiary: 7622 Pécs, Vasvári Pál u. 4.
Beneficiary account no: HU40-10004885-10004012-15008231
Details of payment: 800007

Name of beneficiary's bank: Magyar Államkincstár
SWIFT code: HUSTHUHB
Address of the bank: 1054 Budapest, Hold u. 4. Hungary

Intermediary bank name: Magyar Nemzeti Bank
SWIFT code: MANEHUHB

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

.....

signature