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| --- | --- | --- |
| Debreceni Egyetem  Fogorvostudományi Kar |  | Vélemény: |
| Iktatás dátuma: |
| Iktatószám: |
| Irattári tételszám: |
| Mellékletek száma: |
| Ügyintéző: |

# **Request to the Dean of the Faculty of Dentistry**

**Name: ……………………………………… Year: …… Faculty: ……………..….......**

**Neptun code: ……………..….......**

**Address: …...……………………………….……………………………………….………..**

**Mobile number: ………………………………………...**

**E-mail: …...……………………………….……………………………………….………..**

**Subject of your request: ……………………………...……………………………………..**

**Please, write down your present request:**

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I aware that the above data are correct to the best of my knowledge and I understand that in case of false data my request will be rejected automatically and will cause a dissiplinary procedure.

Debrecen, …………………………………

……………………………………

student’s signature