**REQUEST FOR PREFERENTIAL COURSE SCHEDULE**

Applicant's name:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neptun ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

study mode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ year: \_\_\_\_\_\_

Weighted GPA in the previous semester:\_\_\_\_\_\_\_\_\_\_ Total credits completed: \_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I request that for the \_\_\_\_\_ academic year, \_\_\_\_\_ semester, you kindly grant permission for preferential course schedule according to Section 20 of the Study and Examination Regulations based on point:**

a) the student excels in a specific field with proven theoretical or practical performance;

b) the student conducts nationally or internationally recognized scientific work;

c) the student is an outstanding national or international athlete based on the recommendation of the national federation of the respective sport;

d) the student is participating in a foreign training program, including the receipt of a foreign scholarship;

e) for students in professional service relationships, during the period of deployment;

f) the student is participating in a scholarship program related to their education;

g) the student, with permission, completes the professional internship in a period different from that specified in the recommended curriculum;

h) due to childbirth, accident, serious illness, or other unforeseen reasons beyond the student's control, or childcare reasons up to the age of three;

i) the student is a member of the national parliament, local government representative, senior government official, has a senior position in the National Students Union, NKE Students Union (EHÖK) or the Student Union of the faculty;

j) based on the proposal of the University Equal Opportunities Committee, for students with disabilities;

k) the student, within a parallel program, wishes to pursue studies in another department or program closely related to their field of study and

ka) has a weighted GPA of at least 3.50 in the previous semester, or

kb) is a dual-status student participating in part-time studies, supported by the enrolling institution, and has a weighted GPA of at least 3.50 in the previous semester;

l) for students in the air traffic BA program, if necessary for completing the practical training prescribed by the recommended curriculum;

m) within the framework of cooperation established between the University and an employer under the Act CXXV of 2018 on Higher Education and the Government Administration, Act CXCIX of 2011 on Civil Servants, or Act CLXXXIX of 2011 on Local Governments of Hungary - unless the dean decides otherwise in connection with the cooperation or agreement - for students employed part-time, up to 20 hours per week, in full-time programs, after completing four semesters in undergraduate and undivided programs, and for students who completed their undergraduate studies at the University or its predecessors, from the first semester of their master's program.

I justify my request with the following reasons:

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Institute regulations regarding the completion of subjects (the table can be expanded with additional rows):

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| --- | --- | --- | --- | --- | --- |
| **Subject name and code (fill in legibly)** | **Exemption from classes**  **(N: none, T: total, P: partial)** | **Method and conditions of assignments**  **(e.g., quizzes, reports)** | **Deadline for submission** | **Deadline for completing course requirements**  **(by the beginning of the next term at the latest)** | **Professor’s name and signature** |
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Please note that the request for preferential course schedule will be reviewed by the Student Study and Social Affairs Committee in accordance with departmental regulations.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's signature

\* Please underline the relevant option