

2020 FALL SEMESTER

I hereby declare that I will enroll as an “active” student for the 2020 Fall semester at Corvinus University of Budapest.

I declare that I will stay in Budapest until the end of the Fall semester. **If I leave Hungary at any time during the semester, I understand that I am legally and financially obliged to inform the SH coordinator immediately by e-mail (szilvia.strack@uni-corvinus.hu) about the exact date of my departure.**

I acknowledge and understand that once I have left Hungary, I am not going to receive either the monthly scholarship or the accommodation allowance for the remaining months of the semester.

My family name/s/ (capital letters):

My given name/s/ (capital letters):

My Neptun code (capital letters):

Signature:

PLEASE

1. **Fill out** the document **in capital letters**.
2. **USE BLUE INK!**
3. Print out **TWO copies**.
4. **SIGN BOTH copies**.