



**MISKOLCI**  
EGYETEM

**UNIVERSITY OF MISKOLC**  
RECTOR'S OFFICE  
INTERNATIONAL DIRECTOR

**Ref. No.:**

**Scholarship for Christian Young People Programme**

**REQUEST FOR EXTENSION**

**PERSONAL DATA: (to be completed by the student)**

SCYP ID: .....

SURNAME: .....

FIRST NAME: .....

DATE AND PLACE OF BIRTH: .....

**CURRENT STUDY PROGRAMME INFORMATION: (to be completed by the student)**

NAME OF UNIVERSITY: .....

NAME OF FACULTY: .....

STUDY PROGRAMME: .....

START DATE OF STUDIES at the University of Miskolc: .....

NUMBER OF COMPLETED SEMESTERS (excluding the present semester): .....

NUMBER OF EXTENDED SEMESTERS UP TILL TODAY - including the present semester - if relevant (0 / 1 / 2 ): .....

Number of all credits earned till the last completed semester: .....

Number of credits selected in Neptun in the semester the student requests the extension: .....

Student's signature, date

**The request is approved by the Faculty:**

**YES** (that is: 1. the request is justifiable; 2. the student - to all likelihood - will complete the studies by the end of the extended semester.)

**NO**

.....  
SCYP faculty coordinator's signature, date

.....  
SCYP institutional coordinator's signature, date

3515 Miskolc, Egyetemváros, Hungary  
Tel.: (36) 46 565-111/20-25, Fax (36) 46 563-423  
reksando@uni-miskolc.hu  
www.uni-miskolc.hu



**MISKOLCI**  
EGYETEM

**UNIVERSITY OF MISKOLC**  
RECTOR'S OFFICE  
INTERNATIONAL DIRECTOR

**REASON FOR EXTENSION (to be completed by the student):**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**OPINION OF THE FACULTY (to be completed by the Faculty Coordinator)**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....



**MISKOLC**  
EGYETEM

**UNIVERSITY OF MISKOLC**  
RECTOR'S OFFICE  
INTERNATIONAL DIRECTOR

#### GUIDE TO REQUEST FOR EXTENSION FORM SUBMISSION

1. Students complete the REQUEST FOR EXTENSION form and bring it to the faculty coordinator for approval (signature, completion).
2. Students submit the completed and signed form (by the Faculty) to IRO. **Deadline: 4 May and 4 December**
3. IRO forwards the list of approved requests to Hungary Helps Agency LLC.
4. IRO sends a fully signed and completed copy to the student. **Deadline: 12 May and 12 December.**
5. Students send the fully signed and completed REQUEST FOR EXTENSION to the sending partners for approval. **Deadline: 15 May and 15 December**
6. Hungary Helps Agency LLC collects the approval/disapproval of sending partners and makes a decision.
7. Hungary Helps Agency LLC informs the students, sending partners and the university about the decision.
8. The University prepares the new contracts with the students.

#### **IMPORTANT:**

1. The scholarship can be extended with a maximum of 2 semesters.
2. Scholarship holders (starting their studies before 2020/2021. I.) are **entitled for all scholarship allowances** stated in the SCYP regulation and in the scholarship agreement during the extended period.
3. Only students in their final semester and those, who show progress in their studies can apply for an extension.
4. **For details** see SCYP OPERATIONAL REGULATIONS at <https://scy.uni-miskolc.hu>.

3515 Miskolc, Egyetemváros, Hungary  
Tel.: (36) 46 565-111/20-25, Fax (36) 46 563-423  
[reksando@uni-miskolc.hu](mailto:reksando@uni-miskolc.hu)  
[www.uni-miskolc.hu](http://www.uni-miskolc.hu)