**REQUEST FOR EXTENSION OF SCHOLARSHIP STATUS**

1. **Scholarship holder data**

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| Full name  *as it appears in your passport* |  |
| Sending country or region |  |
| Place of birth (*city, country)* |  |
| Date of birth |  |
| Phone number |  |
| E-mail address |  |
| Neptun ID |  |
| SH ID |  |
| Educational ID number |  |
| Faculty |  |
| Name of study programme |  |
| Study level (*bachelor* or *master)* |  |
| Beginning of scholarship holder status (*please indicate the original starting date)* |  |
| Beginning of scholarship holder status at Eötvös Loránd University *(date)* |  |

1. **Reasons for requesting an extension**

*Take care to explain (1) why you have fallen behind with your studies, (2) what still needs to be done and (3) what you are planning to achieve in the next semester. You may also include any additional detail you feel necessary.*

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1. **Academic progress during the first extension**

*In case this is your second extension request, present in detail the achieved academic results and the overall progress you have made during your first extended semester.*

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List of annexes (if any):

Date: Budapest, 25 March 2024

Signature