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REQUEST FOR RETAKING THE ENTRANCE EXAMINATION

I (full name as in passport) _____ , (place and date of birth) _____ the undersigned hereby ask the University of Debrecen to give me the opportunity of re-taking the entrance examination.

I took the examination on (date) _____ in (place) _____ and was (check the appropriate box):

- accepted to the Basic Medicine Course but my aim is getting admission directly to the first year
- not accepted to the Basic Medicine Course but my aim is getting admission to BMC

I understand that the entrance exam can be retaken only once and it is my duty to pay the examination fee of 350 USD to the bank account of the University of Debrecen, MHSC.

Date: _____

Signature: _____

Please email or fax it to us: info@edu.unideb.hu ; +36 52 414013