**REQUEST**

**from the Dean of the Faculty of Pedagogy and Psychology**

**on taking over the fee of the MTA Doctorate and Habilitation procedure**

Name of Applicant:

Institute:

Mail address:

Phone number:

E-mail:

(Please underline relevant)

* MTA Doctorate procedure
* Habilitation procedure

Institute of procedure:

Expected fee of procedure:

Title of doctorate/habilitation dissertation:

Expected date of submission:

*Before filling in this request, please read the Dean’s letter of 2/2019 (I.11.) on taking over procedure fees. This request should be submitted to the Dean before 31st January.*

Budapest, ……………………….

..………………………..

Applicant’s signature

Approved:

..……............………….

Dean