



APPLICATION FORM – FOR A HEALTHY UNIVERSITY STUDENT PROGRAM

To:
University of Pécs
Student Services Center
7622 Pécs, Vasvári Pál u. 4.
Student Union

I. Project details

Project title:

Project date:

Project duration:

Project location:

Project headcount:

Project type:
(tick as appropriate)

- ☐ Program application
☐ Equipment development
☐ Other

Project objective:
(sports program, training, leisure program, etc.)

II. Contact person's details

Name of contact person:

Position:

Telephone number:

Email address:

III. Attachments

Applications without attachments will be rejected!!

- ☐ Brief description of the planned program
☐ Planned implementation schedule
☐ Planned detailed budget

Date:, 202_. month day

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Signature of contact person