I, ………………………………………………., apply for admission in ……………………………………………… *(academic programme)* offered in ......................... *(language)* for the academic year 2016 / 2017 (*February 2017 intake*).

**PERSONAL DATA**

|  |  |
| --- | --- |
| **Title** | Mr / Mrs / Miss / Ms |
| **Surname / family name** |  |
| **Middle name** |  |
| **First / given names** (underline the name you use) |  |
| **Mother’s maiden name** (surname, middle name, first name(s)) |  |
| **Gender** | Male / Female |
| **Place of birth** (city, country) |  |
| **Date of birth** (dd/mm/yyyy) |  |
| **Citizenship** |  |
| **Country of residence** |  |
| **Passport number, place of issue and**  **date of expiration** (dd/mm/yyyy) |  |

**ADDRESS AND CONTACTS**

|  |  |  |
| --- | --- | --- |
| **Permanent address** | **Country** |  |
| **City and postal code** |  |
| **House number and street** |  |
| **Mailing address**  (if different from the permanent address) | **Country** |  |
| **City and postal code** |  |
| **House number and street** |  |
| **Telephone / mobile** | |  |
| **Fax** | |  |
| **E-mail** | |  |
| **Skype contact** | |  |
| **Contacts of a family member in case of emergency** (address, telephone, fax, e-mail) | |  |

**EDUCATION AND QUALIFICATION**

All schools attended, examination record and degrees

|  |  |
| --- | --- |
| **School name / University name** |  |
| **Address** |  |
| **Country** |  |
| **Postal code** |  |
| **Telephone** |  |
| **Fax** |  |
| **Level of education** |  |
| **Type of certificate / degree** |  |
| **Identification number of certificate / degree** |  |
| **Date of certificate / degree** |  |

*Please add tables as required.*

**FOREIGN LANGUAGE COMPETENCY**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Language** | **Exam type** | **Level** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3. |  |  |  |

**Preferred method for interview:** (Please choose.)

1. On-line interview with video conference
2. Personal interview in Veszprém

**DECLARATION**

I, .............................................., hereby declare that to the best of my knowledge the information given on this form is true, complete and accurate, and no requested information has been omitted.

Signature ........................................................... Date ..............................................................