**University of Pannonia**

Faculty: Schedule of Training:

Programme: Form of Financing:

**STUDENT ENROLMENT FORM**

|  |  |
| --- | --- |
| Name: | Name at birth: |
| Last name: | **Last name at birth:** |
| First name: | **First name at birth:** |
| Date of birth (dd.mm.yyyy): |  |
| Country of birth: | **County of birth:** |
| Place (settlement) of birth: |  |
| Mother’s maiden name |  |
| Mother’s last name at birth: |  |
| Mother’s first name at birth: |  |
| Tax Identification Number: | **Social Security Number:** |
| Residence Permit Number and Expiry Date: |  |
| Citizenship: | **Identity Card Number:** |
| Marital Status: | **Number of Children:** |
| Account Keeping Bank: | |
| Bank Account Number:  (The bank account number is not identical with the bank card number.) | |
| Permanent Address: | **Postal Code:** |
| Country: | **Place Name:** |
| Street Number and Name: | **Telephone:** |
|  | **Mobile:** |
| Temporary (Mailing) Address: | **Postal Code:** |
| Coiuntry: | **Place Name:** |
| Street Number and Name: |  |
|  |  |
| Are you a student of another higher education institution or faculty? yes / no | |
| Institution/Faculty: | **Programme/Year:** |
|  |  |
| Previous qualifications achieved: none / college degree / university degree | |
| Institution / Programme: | **Year of Graduation:** |
|  |  |
| Number of semesters spent in state-funded training at other institutions / programmes: | |
| Institution: | **Programme:** |
| Institution: | **Programme:** |
| Institution: | **Programme:** |

I confirm – being aware of my criminal responsibility – the accuracy of the information provided on this enrolment form.

**I acknowledge that I am responsible for informing the university of any change of data within 8 days. I understand that I will bear the consequences of my failure to perform this obligation.**

I hereby give my consent that my above personal data shall be stored and managed in the education administrative and financial system by the University of Pannonia as data manager in a manner proportionate to the proper operation of the institution. I give my consent that my above personal data shall be transferred to a third party in cases specified by law.

Signature Date: