## UNIVERSITY OF VETERINARY MEDICINE

## **Program in English**APPLICATION FORM

## To Begin Studies in September 2017

1.	Type or block print all information.						
2.	These items should be attached to the	application form:					
	a, Secondary school leaving certificat						
	b, Curriculum Vitae (Resume) in Engl						
	c, Short medical report.						
	d, Copy of passport with your person	al data.		PHOTO (signed	١		
	e, Three passport size photos. Please	indicate your name on the rear.					
	f, Application Fee EUR 200 (non refur	ble) payable to the local representative.		Clip. Do not glue,			
	If there is no local representative pl	ease transfer the fee to bank accor	unt of IS	tape or staple			
	International Studies.						
	g, Bank receipt for EUR 250 – Examin in Budapest (non refundable after		s taken				
	h, Letters of recommendation can be	-					
3.	Sign the application form on page 2.	onolosoa.					
	Submit all application to the local rep	presentative in your country					
	Applications are welcome until vacancies are						
		please inquire at student@univet.hu					
	I	I apply for	the entrance examination				
	1						
		I	☐ in May-J	July			
	I	1	-	as a transfer student.			
	I	i					
	;	;		$(\checkmark)$ the appropriate box.			
	1	;	Location of	f the entrance axamination	n:		
Fi:	(H-1400 Budapest, P.O. Box 2, Hur H-1406 Budapest 76, P.O. Box 51, amily Name (Surname)  rst Name (Given name)  ease, write your name as written	Hungary)  in the passport.					
Se	ex (F/M) Birthdate (D/M/Y)	Birthplace (City / Country	') F	Passport or ID card No.			
Ì		I			1		
C:	ti- an abin *	Mother's full maiden name					
Cı	tizenship*	Mother's full maiden name	е				
Co	ontact Address (No., Street, Cit	y, Postal Code, Country)					
Ph	none/Fax at Contact Address	E-mail					
1					1		
Pe	ermanent Address (No., Street,	City, Postal Code, Country	)				
W	here and how did you <b>first</b> lea:	n about this program (plea	ase, specify)	r):			
	here else did you get further ir		_ •				
	□ www.univet.hu □ local rep		luhunaar	hu Doducational fair/	cominer		
Ļ	<del>-</del>						
	□ a Budapest-student □ my	y vet 🔲 Hungarian friends advertisement 🗅		chool 🚨 Hungarian Em	bassy		
* 1	If you have a dual citizenship pleas			you will use when entering	Hungary.		

Name of School	Location	Dates From	Attended To	Type of Diploma/ Certificate
Name of School	Location	FIOIII	10	Certificate
2. Date and place of matriculat	ion / high school /senior			
Certificate issued by:			_ No:	
3. Sciences studied (please und	derline!): Biology – Che	emistry – Phy	ysics	
4. Activity after matriculation /	high school, if any:			
5. What is your mother tongue	?			
Other languages? Speak:	Read:	:	Write:	
Hungarian? Speak:	Read:	:	Write:	
6. Person to notify in emergence	су:			
Name			Relationship	
E-mail	Daytime Phone		Daytime Fax	
Address (No. / Street / City /	/ Postal Code / Country)			
CURRICULUM VITAE. Attach	separate page!			
I hereby certify that all information of the state of the	contents of the official	English-langu	age brochure	
Veterinary Medicine issued for 2	-			
	Da	ate:		
Veterinary Medicine issued for 2		ate:		
Veterinary Medicine issued for 2 (Signed)				
Veterinary Medicine issued for 2 (Signed)  7. Your Marital Status				
Veterinary Medicine issued for 2 (Signed)  7. Your Marital Status  8. Father's name				
Veterinary Medicine issued for 2 (Signed)  7. Your Marital Status  8. Father's name  Occupation				
Veterinary Medicine issued for 2 (Signed)  7. Your Marital Status  8. Father's name  Occupation  Address	ily) <b>maiden</b> name			
Veterinary Medicine issued for 2 (Signed)  7. Your Marital Status  8. Father's name  Occupation  Address  Mother's full (first AND family)	ily) <b>maiden</b> name			