UNIVERSITY OF VETERINARY MEDICINE BUDAPEST English-language Program

APPLICATION FORM

To Begin Studies in September 2019

1.	Type or	block	c print	all	inforn	nation.
----	---------	-------	---------	-----	--------	---------

2.	These items	should b	oe	attached	to	the	app	lication	form:
----	-------------	----------	-----------	----------	----	-----	-----	----------	-------

- a, Secondary school leaving certificate.
- b, Curriculum Vitae (Resume) in English (attach separate page).
- c, Short medical report.
- d, Copy of passport with your personal data.
- e, Three passport size photos. Please indicate your name on the rear.
- f, Application Fee EUR 200 (non refundable) payable to the local representative.
 If there is no local representative please transfer the fee to the bank
 - account of Global International Studies.
- g, Letters of recommendation can be enclosed.
- 3. Sign the application form on the back.
- 4. Submit all application documents to the local representative in your country

Applications are welcome until vacancies are available – please inquire at student@univet.hu I apply for the entrance examination

PHOTO (signed)

Clip. Do not glue,

tape or staple

in March

in May-July

I apply as a transfer student.

Please, tick (\checkmark) the appropriate box.

Preffered location of the entrance examination:

If nothing is indicated above, send it directly to the University of Veterinary Medicine Budapest, Student Secretariat (H-1400 Budapest, P.O. Box 2, Hungary).

Family Name (Surname)						
First Name (Given name)						
(Please, write your name as	s written in the pa	assport.)				
Sex (F/M) Birthdate (D/M/	YY) Birthpla	ace (City / Country)	Passport or ID	card No.		
Citizenship*	Mother	Mother's full (first AND family) maiden name				
Contact Address (No., Stre	et, City, Postal C	ode, Country)				
Phone/Fax at Contact Add	ress E-mail					
Permanent Address (No., S	treet, City, Posta	l Code, Country)				
Where and how did you fir	st learn about thi	is program (please, spe	cify):			
Where else did you get fur		1 0 1	<i>"</i>			
www.univet.hu	local representa	ative www.stud	lyhungary.hu	educational fair/seminar		
a Budapest-student	my vet	Hungarian friends	my school	Hungarian Embassy		
advertisement	other					

^{*} If you have a dual citizenship please underline that country, whose passport you will use when entering Hungary.

1. List all secondary schools	attended and any university	studies if applica	ble			
		Dates	Attended	Type of Diploma/		
Name of School	Location	From	То	Certificate		
2. Date and place of matricular	ion / high school /senior seco	ondary school exam	ination:			
Certificate issued by:			No:			
3. Sciences studied: Biolo	ogy Chemistry	Physics				
4. Activity after matriculation	n / high school, if any:					
5. What is your mother tongu	ıe?					
Other languages? Speak:		Read:		Write:		
Hungarian? Speak:		Read:		Write:		
6. Person to notify in emerge	ncy:					
Name				tionship		
E-mail	D	aytime Phone D	Daytime Fax			
Address (No. / Street / City	/ Postal Code / Country)					
CURRICULUM VITAE. Atta	•					
I hereby certify that all infor-	1 1 0	this application is	e accurate and	complete I declare that		
am fully aware of the content	es of the official English-la	nguage brochure				
Budapest issued for 2019/20 an	, , ,					
(Signed)						
7. Your Marital Status						
8. Father's name						
Mother's name						
Occupation						
9. Have you got a veterinaria:	•		• • •			
If yes, is she/he a surgeon	company-representativ	ve scientist	public office	r		
or						