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.
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2.	These items	should b	oe	attached	to	the	app	lication	form:
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- 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 a	ttended and any univers	ity studies if applica	ble		
			Dates	Attended	Type of Diploma/	
N	Jame of School	Location	From	То	Certificate	
	-	on / high school /senior se	•			
Cert	ificate issued by:			No:		
		gy Chemistry	Physics			
4. Acti	vity after matriculation	/ high school, if any:				
5. Wha	at is your mother tongu	e?				
Oth	er languages? Speak:		Read:		Write:	
Hun	garian? Speak:		_ Read:		Write:	
6. Pers	on to notify in emerger	ncy:				
— Nan	ne			Rela	tionship	
		r				
E-m	ail		Daytime Phone I	Daytime Fax		
	ress (No. / Street / City /	Postal Code / Country)				
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am full	y aware of the contents		-language brochure		complete. I declare that y of Veterinary Medicine	
(Signed)		Date: _			
7. You	r Marital Status					
8. Fath	ier's name					
	-					
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	es, is she/he a surgeon	company-representa		public office		
or	, and the second			_		