



**University
of Veterinary Medicine
Budapest, Hungary**

REGISTRATION SHEET for vet students in Budapest

Please use **BLOCK** letters
and don't forget to **sign the paper!**

Family name:

Given („first”) name(s):

Sex: male female

Date of birth (DD/MM/YYYY):

Citizenship:

Year of having started
studies with us:

E-mail Address:

Mobile phone (optional):

Hungarian Address:

Str.+House no:

City:

ZIP:

Home Address:

Str.+House no:

City:

ZIP:

Country:

Person to notify in emergency:

name:

phone:

e-mail:

You are entering right now:

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th semester

part-time or inactive status

Have you had a part-time or inactive status with us?

Because of / for which subject(s)?

from until subject:

from until subject:

from until subject:

I've received in September the **Student's Guide**. I shall keep it's regulations and act accordingly (please put an X into the box).

I've received information about the **Code of Ethics**. I shall keep it's regulations and act accordingly (please put an X into the box).

I have a **health insurance** valid for the ongoing semester that covers basic medical treatment in Hungary (please put an X into the box).

Budapest,

(date of registration)

signature