



**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:**

1<sup>st</sup>   2<sup>nd</sup>   3<sup>rd</sup>   4<sup>th</sup>   5<sup>th</sup>   6<sup>th</sup>   7<sup>th</sup>   8<sup>th</sup>   9<sup>th</sup>   10<sup>th</sup>   11<sup>th</sup> 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 (or administration is in progress) for the ongoing semester that covers basic medical treatment in Hungary (please put an X into the box).

Budapest,

(date of registration)

signature