

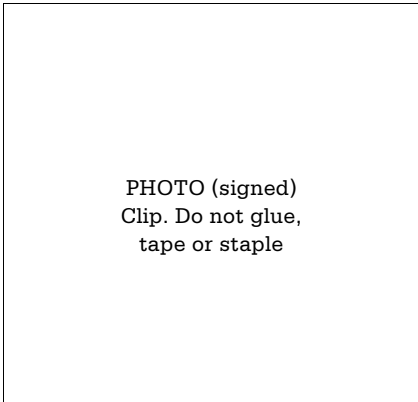
SEMMELWEIS UNIVERSITY FACULTY OF HEALTH SCIENCES B.SC. AND M.SC. PROGRAMS IN ENGLISH

APPLICATION FORM

To Begin Studies in September 2015

1. Type or block print all information.
2. These items should be attached to the application:

	B.Sc. Program	M.Sc. Program
Completed Application Form	✓	✓
Payment certificate of Application Fee of 200 EUR	✓	✓
Payment certificate of Test Fee	✓	✓
Secondary School Leaving Certificate	✓	X
BSc Diploma	X	✓
Medical report for application	✓	✓
One Signed Photograph	✓	✓
Copy of Passport/ID card	✓	✓
Letters of Recommendation	if any	if any



Please note that the Faculty accepts only:

- the original English document OR
- the attested copy of the original English document OR
- the authorized English translation of the original non-English document.

3. Sign the application form on page 2.
4. Submit all application documents to your local representative:

Ghassan Rifai
Univer360
www.univer360.com
Tel: +971 50 4810101
email: info@univer360.com

Deadline for application: July 29, 2016

Preferred location of the aptitude test:

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If no otherwise indicated send it directly to Semmelweis University Faculty of Health Sciences, Foreign Students Secretariat (H-1088 Budapest, 17 Vas str., Hungary), or to the Student Service Center (College International, H-1406 Budapest 76, P.O. Box 51, Hungary).

I apply for (please, tick (✓) the appropriate box)

- | | | |
|--|--|--|
| <input type="checkbox"/> Physiotherapy B.Sc. | <input type="checkbox"/> Nursing B.Sc. | <input type="checkbox"/> Midwifery B.Sc. |
| <input type="checkbox"/> Physiotherapy M.Sc. | <input type="checkbox"/> Nursing M.Sc. | |

Family Name (Surname)

First Name (Given name)

Please, write your name as written in the passport.

<input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 90%; border: none; border-bottom: 1px solid black;" type="text"/>
Sex (F/M)	Birthdate (D/M/Y)	Birthplace (City, Country) Passport or ID card No.

<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Citizenship*	Mother's full maiden name

Permanent Address (No., Street, City, Postal Code, Country)

<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 95%; border: none; border-bottom: 1px solid black;" type="text"/>
Phone/Fax at Perm. Address	E-mail

* If you have a dual citizenship please underline the country, whose passport you will use during your stay in Hungary.

ACADEMIC RECORD

1. List the details of your previous studies

For B.Sc. Program application

Name of secondary school: _____

Location: _____

Dates: (from to) _____

Type of Certificate: _____

Date and place of secondary school leaving exam: _____

Certificate issued by: _____

Certificate no.: _____

Main studies: (please underline)

Biology – Chemistry – Physics

Activity after graduation if any: _____

For M.Sc. Program application

Name of university/college: _____

Location: _____

Dates: (from to) _____

Degree: _____

Date and place of receiving the degree: _____

Degree issued by: _____

Degree no.: _____

Main studies: _____

Activity after receiving the degree if any: _____

2. What is your mother tongue? _____

Other languages? Speak: _____ Read: _____ Write: _____

Hungarian? Speak: _____ Read: _____ Write: _____

PERSONAL INFORMATION

3. Your marital status _____

4. Father's full name _____ Occupation _____

Address _____

Mother's **full maiden** name _____ Occupation _____

Address _____

5. Person to contact in case of emergency:

Name _____ Relationship _____ Daytime Phone _____

Address (No. / Street / City / Postal Code / Country) _____ Daytime Fax _____

6. **CURRICULUM VITAE.** Attach separate page

I hereby certify that all information provided by me in this application is accurate and complete. I declare that I am fully aware of the contents of the official English language brochure of Semmelweis University Faculty of Health Sciences, and fully accept the given conditions.

(Signed) _____ Date: _____

Where and how did you **first** learn about this program (please, specify): _____

Where else did you get further information from:

- <http://etk.semmelweis.hu> local representative www.studyhungary.hu my high school
 educational fair/seminar a Budapest-student friend/relative advertisement other