UNIVERSITY OF VETERINARY MEDICINE

Program in EnglishAPPLICATION FORM

To Begin Studies in September 2017

1. Type or block print all information.						
2. These items should be attached to the						
a, Secondary school leaving certificate						
b, Curriculum Vitae (Resume) in Engli	ish (attach separate page).					
c, Short medical report.						
d, Copy of passport with your persona	PHOTO (signed)					
e, Three passport size photos. Please indicate your name on the rear.			Clip. Do not glue,			
f, Application Fee EUR 200 (non refundable) payable to the local representative.			_	r staple		
If there is no local representative pl	ease transfer the fee to bank acco	ount of IS	tape o	1 Stapic		
International Studies.		_				
g, Bank receipt for EUR 250 - Examin		is taken				
in Budapest (non refundable after l	-					
h, Letters of recommendation can be	enclosed.					
3. Sign the application form on page 2.						
4. Submit all application to the local rep	presentative in your country	_				
		Applications	are welcome u	ntil vacancies are		
i	i	available – please inquire at student@univet.hu				
' 	i	I apply for the entrance examination				
Ghassan El Rifai	1					
Univer360	□ in March □ in May-July					
Tel:+971 50 4810101	I apply as a transfer student.					
I email: info@univer360.com	n I	Please, tick (\checkmark) the appropriate box.				
	I	Location of t	he entrance ax	amination:		
L						
H-1406 Budapest 76, P.O. Box 51, Family Name (Surname)	Hungary)		11111			
71 . 27 . (6)		1 1 1 1 1				
First Name (Given name)						
Please, write your name as written	in the passport.					
Sex (F/M) Birthdate (D/M/Y)	Birthplace (City / Country	(7) Ps	assport or ID ca	rd No		
Sex (1/W) Bir Wilder (B/W/1)	Direitplace (Gity / Gouilti	y, 10	abbport of 1D ou	.14 110.		
	I			İ		
Citizenship*	Mother's full maiden nam	ne				
Contact Address (No., Street, Cit	y, Postal Code, Country)					
		<u> </u>	<u> </u>			
Phone/Fax at Contact Address	E-mail					
1				1		
Permanent Address (No., Street,	City, Postal Code, Country	7)				
Where and how did you first lear	n about this program (ple	ase, specify):				
Where else did you get further in	formation from:					
□ www.univet.hu □ local rep		dyhungary h	u 🗆 education	nal fair/seminar		
🗖 a Budapest-student 💢 my			iooi 🗀 Hunga	nan Empassy		
	lacksquare advertisement $lacksquare$	J other				
* If you have a dual citizenship please	e underline that country's, wl	nose passport y	ou will use when	entering Hungary.		

List all secondary schools atter Name of School	Location	Dates From	Attended To	Type of Diploma/ Certificate	
	Location	FIOIII	10	Gertificate	
2. Date and place of matriculat	ion / high school /senior				
Certificate issued by:			_ No:		
3. Sciences studied (please und	derline!): Biology – Che	emistry – Phy	ysics		
4. Activity after matriculation /	high school, if any:				
5. What is your mother tongue	?				
Other languages? Speak:	Read:	:	Write:		
Hungarian? Speak:	Read:	:	Write:		
6. Person to notify in emergence	су:				
Name			Relationship		
E-mail	Daytime Phone		Daytime Fax		
Address (No. / Street / City /	/ Postal Code / Country)				
CURRICULUM VITAE. Attach	separate page!				
I hereby certify that all information of the state of the	contents of the official	English-langu	age brochure		
Veterinary Medicine issued for 2	-				
	Da	ate:			
Veterinary Medicine issued for 2		ate:			
Veterinary Medicine issued for 2 (Signed)					
Veterinary Medicine issued for 2 (Signed) 7. Your Marital Status					
Veterinary Medicine issued for 2 (Signed) 7. Your Marital Status 8. Father's name					
Veterinary Medicine issued for 2 (Signed) 7. Your Marital Status 8. Father's name Occupation					
Veterinary Medicine issued for 2 (Signed) 7. Your Marital Status 8. Father's name Occupation Address	ily) maiden name				
Veterinary Medicine issued for 2 (Signed) 7. Your Marital Status 8. Father's name Occupation Address Mother's full (first AND family)	ily) maiden name				