SEMMELWEIS UNIVERSITY - PROGRAMS IN ENGLISH APPLICATION FORM

To Begin Studies in September 2015

 Type or block print all information. These items should be attached to the application: Copy of Secondary School Leaving Certificate (in Enauthorized translation) and all official transcripts from the secondary School Leaving Certificate (in Enauthorized translation). Curriculum Vitae in English (attach separate paged Motivation letter. Medical report (including negative HIV test and Ecertification of not having chronic infectious diseased, Two passport size photos (signed on the back). Copy of passport with your personal data. Application Fee USD 200 (non refundable) payable representative. If there is no local representative personative the bank account of IS International Studies. Bank receipt for the Examination Fee (USD 250 if in Budapest. Non refundable after application deads. Sign the application on page 2. 	om your secondary school. e). Hepatitis B vaccination, ase and dyslexia). PHOTO (signed) Clip. Do not glue, tape or staple to the local clease transfer the fee to the exam is taken
4. Submit all application documents to your local repr	Deadline for application: May 31, 2015 Due to the great and increasing number of applicants,
	early application is encouraged. Location of the entrance examination:
37–47.), or to the Student Service Center (College I apply for □ Doctor of Medicine □ Doc	elweis University, English Secretariat (H-1094 Budapest, Tűzoltó u. e International, H-1406 Budapest 76, P.O. Box 51).
Please, tick (✓) the appropriate box. Family Name (Surname)	
First Name (Given name) Please, write your name as written in the passpo	ort.
Sex (F/M) Birthdate (D/M/Y) Birthpla	ce (City, Country)
Citizenship* Country	Code and Passport or ID card No.
Permanent Address (No., Street, City, Postal	Code, Country)
Where and how did you first learn about this Where else did you get further information from the http://semmelweis.hu local repres educational fair/seminar s	rom:
* If you have a dual citizenship please underline th	nat country's, whose passport you will use when entering Hungary.

Name of School	Location	Froi	ates Attended n To	Type of Diploma Certificate	
2. Date and place of high so					
Certificate issued by:			No:	No:	
3. Sciences studied (please	underline!): Biolog	y – Chemistry –	Physics		
4. Activity following gradua	ation, if any:				
5. What is your mother tong	gue?				
Other languages? Speak: Read:			Write:		
Hungarian? Speak	:	Read:	Write	:	
PERSONAL INFORMATION	1				
6. Your Marital Status					
7. Father's name			Occupation		
Address					
Mother's full maiden name			Occupation		
Address					
8. Person to notify in emerg	gency:				
Name	Relationship		Daytime Phone		
Address (No. / Street / City / Postal Code / Country)			Daytime Fax		
9. CURRICULUM VITAE. A	ttach separate page	!			
I hereby certify that all declare that I am fully av	vare of the contents	of the official Eng			
University and fully accep	at the given condition	าร			