APPLICATION FORM – ENGLISH PROGRAM – UNIVERSITY OF PÉCS Medical School					
E CLISS	Applicant number AP /2015-IS File received on:				
 Please type or use block capitals. Required application items: completed application form with one pass attached copy of your passport with your personal of copy of your secondary school leaving cert transcript of grades from secondary school an authorised translation) Europass CV (Curriculum Vitae) 200 US dollars application fee payable to t application documents (non-refundable). Free receipt. 	ata PHOTO (signed) ficate and official Clip. Do not glue, (in English or with tape or staple e party receiving the				
	Application deadline: June 30, 2015				
Submit the file to the local representative in your country or to College International. If there is nothing indicated send it directly to the University of Pécs Medical School, Admissions and English Student Service Center, Szigeti út 12, H-7624 Pécs, Hungary					
Please, tick (✓) the appropriate box. I apply for □ General Medicine Program	Dentistry Program				
Location and time of the entrance exam:					
I apply for exemption from entrance exam	based on:				
1. □ holding a BA/BSc degree in:					
• •	eld and completed at least one year. Please specify field				
and number of years					
3. 🗅 having a B2 level English language examples and the second se	ination. namely (Please underline):				
	; IELTS:; Other:				
PERSONAL DATA: (please fill as in your pass)					
1. First name (given name):					
3. Sex (male/female): 4. Marital status (single/married):					
	3. Mother tongue:				
9. Other languages: English:	Speaking Reading Writing				
Hungarian:	Speaking 🗅 🛛 Reading 🗅 🛛 Writing 🗅				
0+1-					
Other: DATA OF PASSPORT:	Speaking 🗆 Reading 🗅 Writing 🗅				



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Applicant number AP _ - _ _ /2015-IS File received on:

CONTACT DETAILS:

- 11. E-mail address: _
- 12. Permanent/ mailing address: _____

(number, street, city, postal code, country)

13. ICE – Person to notify in emergency (name & cell):

DATA OF PARENTS:

- 14. Mother's full maiden name: _____ Occupation: ____
- 15. Father's name:

Occupation: 16. Family relations living in Hungary, degree of relation:

ACADEMIC RECORD: (please list schools in chronological order)

	Name of school	Attended from–to	No of years attended	Number of diploma/ certificate	Type of degree/ certificate
Secondary/ High school					
College/ University*					
Premedical Course					

* credit transfer is possible, please check out the university website: www.aok.pte.hu

HIGH SCHOOL RECORD:

17. Last year's grade in –	Biology:	Physics:
	Chemistry:	English:

18. Where and how did you first learn about this program? Please specify:

19. Where else did you get information from:

🗅 www.aok.pte.hu	\Box local representative	🗅 www.studyhungary.hu
🗅 a student of University of Pécs	educational fair/seminar	\Box advertisement
🗅 my high school	friend/relative	🖵 other:

I hereby certify that the information I have provided is complete and accurate. I declare that I am aware of the content of the official English language brochure of the University of Pécs Medical School and fully accept the given conditions.

date

signature of the applicant