

# Application Form

Program of study for which you would like to apply:

In case you apply for the Basic Medicine Course, please select the faculty\*:

*\*It is not possible to change the selected faculty after submitting your application*

## Personal Information

Family name:

Given name(s):

Sex:

Date of Birth (day/month/year):

Place of birth (city/country):

Mother's full maiden name:

First language:

Nationality:

Proficiency in English:

## Contact details (in your country)

Address:

City:

Country:

Post/Zip code:

Telephone:

Fax:

E-mail:

## Passport

Passport number:

Valid till:

Issued by:

How did you first hear about the University of Debrecen?

Other:

## Education History

High School:

From (year):  To:

Grade completed:

University or College:

From (year):  To:

Degrees / Diplomas:

Please enclose:

- high school diploma
- college/university diploma, transcripts, course descriptions (if available)
- short CV
- recent passport size photograph
- recent medical certificate of general health status
- copies of relevant pages of passport

I understand that there is no possibility for changing between the different programs as declared above.

### DECLARATION

I, the undersigned, hereby declare that (choose one option):

1. ***I would like to transfer*** to the University of Debrecen, and I hereby submit all available school documents with my application for the purpose of evaluation of my previous studies.
2. ***I would like to apply for subject exemptions*** on the basis of my previous studies, and I hereby submit all available school documents with my application. I understand that my documents will be evaluated upon successfully passing the entrance examination to the first year of the desired program.
3. ***I am applying as a freshman***, and I do not want to apply for any exemptions.

**I am aware that I will not be able to submit any more exemption requests to the Educational Sub-Committee throughout my entire studies at the University of Debrecen.**

I confirm that this declaration fully accords with my intentions, and hereby sign the application form.

Date: .....

Signature:.....

## DECLARATION

I, , the undersigned, voluntarily authorize that Sandor Bone the representative of the University of Debrecen deals with my application to the University of Debrecen. I received all the information about the education programs from him.

I received information of Sandor Bone's website, contact details from

Date:

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Signed By