**APPLICATION FORM**

|  |  |
| --- | --- |
| **In which mobility program are you planning to attend? Please mark the right one with an ’X’.** | |
| Erasmus+ |  |
| Erasmus+ International Credit Mobility |  |
| CEEPUS |  |
| Makovecz Program |  |

|  |  |
| --- | --- |
| **Planned Academic Year** |  |
| **Planned Duration of Studies (month)** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **In which semester would you like to attend in the above mentioned program (please mark one, or two options with an ’X’**) | | | |
| **Semester 1 (Autumn)** |  | **Semester 2 (Spring)** |  |

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name: |  | First Name(s): |  |
| Place of Birth (city & country): |  | Date of Birth (DD/MM/YYYY): | \_ \_ / \_ \_ / \_ \_ \_ \_ |
| Mother’s maiden name (last & first name): |  | | |
| Nationality: |  | Gender: | Male Female |
| Citizenship |  | Native language: |  |
| Type of identification document to be used in Hungary  (please choose only one and give its expiry date): | | | |
| ID card number |  | Expiry date of the document (DD/MM/YYYY) |  |
| Passport number |  |

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Email Address: |  | Mobile Phone Number: |  |
| Permanent Address |  | | |
| Mailing Address |  | | |
| **Person to be notified in case of emergency:** | | | |
| Name |  | | |
| Address |  | | |
| Telephone |  | | |
| Email |  | | |

**HOME INSTITUTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Home University: |  | Year of Study: |  |
| Coordinator’s Name: |  | | |
| Coordinator’s Telephone Number: |  | | |
| Coordinator’s Email Address: |  | | |
| Field of Study (i.e primary / pre-school education) |  | | |
| Study level (i.e bachelor, master, PhD) |  | | |

**LANGUAGE COMPETENCE**

|  |  |
| --- | --- |
| **ENGLISH** | |
| B1 |  |
| B2 |  |
| C1 |  |
| Native |  |
| **GERMAN** | |
| B1 |  |
| B2 |  |
| C1 |  |
| Native |  |

**ADDITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Please mark the right column with an ’X’** | **Yes** | **No** |
| Did you attend a Hungarian language preparatory course at your home university? |  |  |
| Would you attend a Hungarian language preparatory course in Hungary before the semester? (not available at the moment) |  |  |
| Would you like to participate in a Hungarian language course during your stay at ELTE? |  |  |
| Level of your Hungarian language competence? A1, A2, B1, B2, C1, C2 (please mark in the next column) |  |  |
| Do you speak Hungarian well enough to participate courses that are held in Hungarian? |  |  |
| Do you request a student mentor in ELTE? (If yes, your email address will be given to the coordinator of mentors). |  |  |
| Do you live with any disability or do you have any special needs? Please remark below, if any: |  |  |

|  |  |
| --- | --- |
| I understand that ELTE controls the data provided by me for the purposes of and in the frames of training organization and that ELTE do not disclose my data to any third party. I hereby expressly give my consent for ELTE to control my personal and other data provided by me for the purposes of and in the frames of training organization according to the Act CXII of 2011 on Informational Self-determination and Freedom of Information. \* |  |

\*Please mark the column with an ’X’

Date:

|  |  |
| --- | --- |
|  |  |
| Student’s signature\* | Receiving institution’s signature\* |

\*Signatures are accepted digitally, too

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