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**APPLICATION FORM**

|  |  |
| --- | --- |
| **Planned academic year of studies** |  |
| **Planned semester (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 **birth** name (family name): |  | Mother’s first name(s): |  |
| Nationality: |  | Gender: | Male Female  |
| 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 |  |  |
| **Do you have any illness we should know about? If yes, please let us know about it.** |
|  |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Email Address |  |
| Mobile Phone Number |  |
| Permanent Address *(city, ZIP code, address)* |  |
| Mailing Address *(city, ZIP code, address)* |  |

**IN CASE OF EMERGENCY**

|  |
| --- |
| **Person to be notified in case of emergency:** |
| Name |  |
| Address |  |
| Telephone |  |
| Email |  |

**LANGUAGE COMPETENCE**

|  |
| --- |
| **Please let us know what languages you speak and on what level** |
| Language | Level |
|  |  |
|  |  |
|  |  |

**STUDIES**

|  |  |
| --- | --- |
| Field of Study (i.e., primary / pre-school education) |  |
| Study level (i.e., bachelor, master, PhD) |  |

|  |
| --- |
| **Please let us know in the following table what curses would you like to take during your semester** ***(feel free to add more rows to the table if needed)*****Erasmus courses in English:** [Courses in English (elte.hu)](https://www.tok.elte.hu/en/content/courses-in-english.t.5826?m=466)**Erasmus courses in German:** [Courses in German (elte.hu)](https://www.tok.elte.hu/en/content/courses-in-german.t.6874?m=467)**Kindergarten Education BA (only for pre-school education students):** [OVO\_NBEN\_2019\_honlapra.pdf (elte.hu)](https://www.tok.elte.hu/dstore/document/866/OVO_NBEN_2019_honlapra.pdf) |
| **CODE** | **COURSE NAME** | **SEMESTER** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**ERASMUS SURVEY**

**Please answer the following questions in 1-2 sentences to help us develop our Erasmus student service.**

|  |
| --- |
| Why have you chosen to study in our faculty? |
|  |
| What is it that you most anticipate in your mobility period? |
|  |
| Would you participate in faculty organized programs? |
|  |
| If your answer to the previous question was yes, then what kind of programs would you like our ENS community to organize for Erasmus students? |
|  |
| Would you like to have a mentor/buddy in the faculty? |
| Yes No  |
| Would you help us with another survey at the end of your mobility? It would be an online form and completely anonym. |
| Yes No  |

|  |
| --- |
|  |
| Student’s signature\* |
| ­­­­­­­­­­­­­­­­­­­ Date of signature: |

 \*Signatures are accepted digitally, too