**APPLICATION FORM**

**Incoming Student Mobility**

|  |  |
| --- | --- |
| **Your mobility programme of choice** *(please mark it with an ‘X’)* | |
| Erasmus+ |  |
| CEEPUS |  |
| Makovecz Program |  |
| Other (i.e. bilateral university agreement) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Planned academic year of studies** |  | | | |
| **Planned semester** *(please mark one, or two options with an ’X’)* | | | | |
| **Semester 1 (Autumn)** | |  | **Semester 2 (Spring)** |  |

**STUDIES**

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

**STUDENT 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 **birth** name [first name(s)]: |  |
| Nationality: |  | Gender: | Male Female |
| Native language: |  | | |
| Other language knowledge & it’s level |  | | |
| **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 |  |  |

**STUDENT CONTACT INFORMATION**

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

**IN CASE OF EMERGENCY**

|  |  |
| --- | --- |
| **Do you have any illness or disabilites we should know about? If yes, please let us know about it.** | |
| Yes |  |
| No |  |
| If yes, please elaborate: | |

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

**BUDDY SYSTEM**

|  |  |
| --- | --- |
| **Would you like to have a mentor/buddy in the faculty?** | |
| Yes |  |
| No |  |

**PRELIMINARY COURSE SELECTION**

**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).* We require students to already choose courses in their application form before the Learning Agreement is finalized to eliminate further changes.

|  |  |  |
| --- | --- | --- |
| **CODE** | **COURSE NAME** | **SEMESTER** |
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|  |
| Student’s signature |
| ­­­­­­­­­­­­­­­­­­­Date of signature: |