

**UNIVERSITY OF PÉCS
MEDICAL SCHOOL
ENGLISH PROGRAM**

Applicant number AP _ - _ _ _ /2010-IS

Applicants name

Received on

(to be filled by the Student Service Center)



Photograph

Submit the file to the local representative in your country or to College International. If there is nothing indicated send it directly to:
**University of Pécs Medical School
Student Service Center**
Szigeti út 12, H-7624 Pécs, Hungary

Application Form

- General Medicine Programme** **Dentistry Programme**
- Applying for exemption from entrance exam**

1. BA/BSc degree in: _____
2. Currently studying in medicine related field: _____
3. Having a B2 level English language examination, namely (please underline):
Cambridge FCE/CAE TOEFL IELTS Other: _____

Required application items:

1. A completed application form
2. An officially attested English translation of your transcript of grades obtained in high school / upper secondary school / lyceum / gymnasium (according to the educational system in your country)
3. An officially attested English translation of your high school diploma / school leaving certificate / graduation certificate / apolytiro / G.C.E. (according to the educational system in your country)
4. 4 passport-size photographs (not older than 6 months)
5. Certificates of higher courses or degrees (if any)
6. Letters of recommendation – particularly valuable are letters of recommendation from persons who studied at or graduated from our school.
7. Curriculum Vitae in English
8. A copy of your passport
9. Vaccination card (for Hepatitis B if available), HIV-test
10. 200 US dollars application fee payable to the party receiving the applicant documents (not refundable). Please attach a certified check or the bank draft of an international money order. **Personal checks are not accepted.***
11. 250 US dollars entrance examination fee if the exam is taken in Hungary*

* **If the application file is forwarded to the representative in your country, please contact him/her for the details concerning the application and examination fee.**

Please type or use block capitals**Personal data** (please fill as in your passport):

1. First name (given name):
2. Surname (family name):
3. Sex (male/female): _____ 4. Marital status (married/single): _____
5. Date of birth: _____ day _____ month _____ year
6. Place of birth: _____ town _____ country
7. Citizenship: _____
8. Mother tongue: _____
9. Other languages (please tick):
- | | | | |
|---------------|-----------------------------------|----------------------------------|----------------------------------|
| a. English: | speaking <input type="checkbox"/> | reading <input type="checkbox"/> | writing <input type="checkbox"/> |
| b. Hungarian: | speaking <input type="checkbox"/> | reading <input type="checkbox"/> | writing <input type="checkbox"/> |
| c. _____: | speaking <input type="checkbox"/> | reading <input type="checkbox"/> | writing <input type="checkbox"/> |
| d. _____: | speaking <input type="checkbox"/> | reading <input type="checkbox"/> | writing <input type="checkbox"/> |

Data of passport:

10. Number: _____ 11. expiry date: _____
12. Issuing authority: _____

Contact details:

13. E-mail address: _____
14. Permanent address:
- _____ number _____ street _____ town
- _____ postal code _____ country
- Phone: _____ country code _____ area code _____ your number
- Fax: _____ country code _____ area code _____ your number
15. Mailing address (if other than permanent) _____
- _____

Data of parents:

16. Mother's **maiden** name – First name (given name): _____
- Surname (family name): _____
- Her profession/employment: _____
17. Father's full name: _____
- His profession/employment: _____
18. Family relations living in Hungary, degree of relation: _____

Academic record (please list schools in chronological order):

	Name of school	Attended from-to	Total number of years /semesters attended	Date of graduation	Type of diploma/ degree/ certificate
Secondary/ High school					
College/ University*					
Premedical Course					

* credit transfer is possible, please check out the university website: www.aok.pte.hu (>English >Future Students > Admission)

High school record:

19. Last year's grade in – Biology: _____ Physics: _____

Chemistry: _____ English: _____

20. The year you intend to commence your studies: _____

21. Approximately when and where would you like to take the entrance exam?

22. Where and how did you **first** learn about this program (please, specify):

23. Where else did you get further information from:

www.aok.pte.hu

 local representative

 www.studyhungary.hu
 a student of University of Pécs
 educational fair/seminar
 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 University of Pécs Medical School and fully accept the given conditions.

date

signature of the applicant

I accept and undertake the financial commitments of the application and possible admission.

date

signature of the parent

