

ACADEMIC RECORD

1. List the details of your previous studies

For B.Sc. Program application

Name of secondary school: _____

Location: _____

Dates: (from to) _____

Type of Certificate: _____

Date and place of secondary school leaving exam: _____

Certificate issued by: _____

Certificate no.: _____

Main studies: (please underline)

Biology – Chemistry – Physics

Activity after graduation if any: _____

For M.Sc. Program application

Name of university/college: _____

Location: _____

Dates: (from to) _____

Degree: _____

Date and place of receiving the degree: _____

Degree issued by: _____

Degree no.: _____

Main studies: _____

Activity after receiving the degree if any: _____

2. What is your mother tongue? _____

Other languages? Speak: _____ Read: _____ Write: _____

Hungarian? Speak: _____ Read: _____ Write: _____

PERSONAL INFORMATION

3. Your marital status _____

4. Father's full name _____ Occupation _____

Address _____

Mother's **full maiden** name _____ Occupation _____

Address _____

5. Person to contact in case of emergency:

Name _____ Relationship _____ Daytime Phone _____

Address (No. / Street / City / Postal Code / Country) _____ Daytime Fax _____

6. **CURRICULUM VITAE.** Attach separate page

I hereby certify that all information provided by me in this application is accurate and complete. I declare that I am fully aware of the contents of the official English language brochure of Semmelweis University Faculty of Health Sciences, and fully accept the given conditions.

(Signed) _____ Date: _____

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

Where else did you get further information from:

- <http://etk.semmelweis.hu> local representative www.studyhungary.hu my high school
 educational fair/seminar a Budapest-student friend/relative advertisement other