APPLICATION FORM – ENGLISH PROGRAM – UNIVERSITY OF PÉCS
Medical School

Applicant number AP _ - _ _ _ /2016-IS
File received on: . . . . . .

Please type or use block capitals.
Required application items:

1. completed application form with one passport-size photo attached
2. copy of your passport with your personal data
3. copy of your secondary school leaving certificate and official transcript of grades from secondary school (in English or with an authorised translation)
4. Europass CV (Curriculum Vitae)
5. 200 US dollars application fee payable to the party receiving the application documents (non-refundable). Please attach bank receipt.

PHOTO (signed)
Clip. Do not glue, tape or staple

Application deadline: June 30, 2016

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

Please, tick (✓) the appropriate box.

I apply for ❑ **General Medicine Program** ❑ **Dentistry Program**

Location and time of the entrance exam: _____

I apply for exemption from entrance exam ❑ based on: (Please note that exemption may only be granted if you fulfil scientific and language requirements together and attach the relevant documents.)

1. ❑ holding a BA/BSc degree in: _____
   (Attach certified copy of the degree) **or**
2. ❑ currently studying in medicine related field and completed at least one year. Please specify field and number of years _____ (Attach original transcript) **and**
3. ❑ having a B2 level English language examination, namely (Please underline):
   Cambridge FCE/CAE; TOEFL; IELTS; Other: _____ (Attach certificate)

PERSONAL DATA: (Please fill as in your passport)

1. First name (given name): _____
2. Surname (family name): _____
3. Sex (male/female): _____ 4. Marital status (single/married): _____
5. Date of birth (day/month/year): _____
6. Place of birth (city/country): _____
7. Citizenship: _____ 8. Mother tongue: _____
9. Other languages: English: Speaking ❑ Reading ❑ Writing ❑
   Hungarian: Speaking ❑ Reading ❑ Writing ❑
   Other: _____ Speaking ❑ Reading ❑ Writing ❑

DATA OF PASSPORT:

10. Country code and passport number: _____ 11. Expiry date: _____

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CONTACT DETAILS:

11. E-mail address: _____
12. Permanent/ mailing address: _____

_____
(number, street, city, postal code, country)

13. ICE – Person to notify in emergency (name & cell): _____

DATA OF PARENTS:

14. Mother's **full maiden** name: _____ Occupation: _____
15. Father's name: _____ Occupation: _____
16. Family relations living in Hungary, degree of relation: _____

ACADEMIC RECORD: (please list schools in chronological order)

	Name of school	Attended from–to	No of years attended	Number of diploma/ certificate	Type of degree/ certificate
Secondary/ High school					
College/ University*					
Premedical Course					

* credit transfer is possible, please check out the university website: www.aok.pte.hu

HIGH SCHOOL RECORD:

17. Last year's grade in – Biology: _____ Physics: _____
Chemistry: _____ English: _____
18. Where and how did you first learn about this program? Please specify:

_____

19. Where else did you get 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 the University of Pécs Medical School and fully accept the given conditions.

_____ _____
date signature of the applicant