



## APPLICATION FORM

Medical and health sciences programs

### **Application data**

Program applying for:

In case you apply for the Basic Medicine Course, please select the faculty\*:

*\*It is not possible to change the selected faculty after submitting your application*

Academic year / semester \*\*:

*\*\* Only the Basic Medicine Course II is announced from the second semester (starting in January)*

### **Personal data**

Surname/Family name as in passport:

Given name(s) as in passport:

Sex:  Date of birth (day/month/year):

Place of birth (city, country):

Mother's maiden family name:

Mother's maiden given name(s):

First language:  Proficiency in English:

Nationality:  2nd nationality (if any):

Passport number:  Passport expiry date (day/month/year):

### **Contact data**

Permanent street address:

City/town:  Country:

Email address:

Phone number:  Skype ID:

### **How did you first hear about the University of Debrecen?**

Other:

Name of your representative/agency:



## Educational background

Name of high school:

Country of school:  Current grade level (or graduated):

High school graduation date or expected date (day/month/year):

*If already attended university:*

Name of university:

Country of university:  Number of completed semesters:

Name of study program:

Graduation date or expected date (day/month/year):

Degree awarded:

## Application type Please choose ONLY ONE option:

**Freshman application:** I am applying to the first year of the chosen study program and I do not want to request for any credit transfer.

**Application with subject exemption:** I am applying to the first year of the chosen study program and I am applying for subject exemption (credit transfer) on the basis of my previous university studies. I am aware and accept that the final deadline to submit all required documents is 30 June. I understand that my documents will be evaluated after being admitted to the selected program.

**Transfer application:** I would like to apply to an upper year level of the chosen study program of the University of Debrecen, continuing my current university studies. I am aware and accept that the final deadline to submit all required transfer documents is 30 June.

*Please enclose:*

- high school diploma (or latest school report)

- copies of relevant pages of passport

- recent passport size photograph

- bank receipt of 150 USD non-refundable application fee

- Credit Transfer Request Form and its supporting documents (in case of subject exemption or transfer applications)

- university degree certificate, transcripts, course descriptions (if available)

- short CV

- recent medical certificate of general health status

## Declarations With my signature below:

1. I accept that I will not be able to submit any more subject exemption requests throughout my entire studies at the UD.
2. I accept that the University of Debrecen might turn to my educational institution for verification of my school documents.
3. I certify that the data in this form are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form will result in the application being void and in termination of my application.
4. I confirm that this application fully accords with my intentions, and hereby I submit this application to the University of Debrecen with the indicated details.

Date:  Signature of applicant:

Signature of parent/legal representative (if applicant is under 18 years on the above date):