

# **University of Debrecen**

## **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/mor	nth/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:						



## **University of Debrecen**

#### **Educational background**

Name of high school:					
Country of school:	Current grade level (or write "graduated"):				
High school graduation date (past 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 (past or expected date, day/month/year):					
Degree awarded or to be 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 medical certificate of general health status

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

- 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)

#### **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):			e date):