

Student Application Form

for degree-seeking students



- as free mover student
- within the framework of an international program
- degree-seeking
- other, please specify:



Degree Program

Name of degree program you are applying for	
Level of the degree program	<input type="checkbox"/> Bachelor, <input type="checkbox"/> Master
Academic year/.....

Student's Personal Data

First Name(s):	Family Name:	Gender:
Date of Birth:	Place of Birth:	
E-mail:	Telephone:	
Permanent Address:	Mother's birth name:	
Nationality:	Passport Number:	
Do you need a visa to come to Hungary?		
Do you need assistance from the Mobility Office to receive your visa?	<input type="checkbox"/> No. <input type="checkbox"/> Yes, please specify:	
Next of Kin	Last name, first name: Relationship to you: Telephone and e-mail:	

Previous Studies (if any)

Please, list all experiences you have had in higher education. Continue on the next page or use an extra sheet if you need to.

Title of degree program:	
Level of studies:	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD
Diploma obtained:	<input type="checkbox"/> No. <input type="checkbox"/> Yes, please specify:

Name and address of university:

EGER



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Title of degree program:

Level of studies:

Bachelor Master PhD

Diploma obtained:

No.
 Yes, please specify:

Name and address of university:

Language Competences

Please, fill out ONE of the following tables.

Language Skills in TOEFL system	Pre-Intermediate (TOEFL 57-86)	Intermediate (TOEFL 87-109)	Advanced (TOEFL 110-)	Mother tongue
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language Skills in CEFR system	Beginner (A2)	Basic (B1)	Intermediate (B2)	Advanced (C1)	Mother tongue
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accommodation

- Dormitory room Preferred roommate: _____
 Assistance for rental needed
 No assistance needed

Signature

I confirm that the above data are true and valid

Student's signature	Sending institution's signature and stamp
Date	

Please send this application form and all other required documents (e.g. proof of language knowledge) to:

**ESZTERHÁZY KÁROLY UNIVERSITY
CENTRE FOR INTERNATIONAL RELATIONS
ESZTERHÁZY TÉR 1.
3300 EGER
HUNGARY**

by post and send us the scanned version to studentmobility@uni-eszterhazy.hu. Thank you and good luck!