

Student Application Form



for exchange students

for the Autumn Term
 Spring Term
 Whole academic year,

of the Academic Year:/.....,

as a(n) CEEPUS student
 Free Mover student
 exchange student within the framework of an inter-institutional agreement, please specify:
 other, please specify:



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:	
Next of Kin	Last name, first name: Relationship to you: Telephone and e-mail:	

Sending Institution

Name of sending institution:	Full address of sending institution:
Degree program title at sending institution:	Department at sending institution:
Level of studies: <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> PhD	Number of academic years completed:
Institution Coordinator of the Exchange Program Name: E-mail: Telephone:	Contact person at the department Name and position: E-mail: Telephone:

Studies at Eszterházy Károly College

Field of study:	
Date of arrival:	Date of departure:

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 COLLEGE
MOBILITY OFFICE
CENTRE FOR INTERNATIONAL RELATIONS
EGÉSZSÉGHÁZ UTCA 4.
3300 EGER
HUNGARY

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

The Mobility Office