



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS  
**UNIVERSITY OF SZEGED**

*Where knowledge and challenge meet*

ENGLISH LANGUAGE MEDICAL, DENTAL AND PHARMACY PROGRAMS

## APPLICATION FORM

### International Cultural Evening 2016 Scholarship

FOR INTERNATIONAL STUDENTS STUDYING IN THE FOREIGN LANGUAGE MEDICAL, DENTAL OR PHARMACY PROGRAMS OF THE UNIVERSITY OF SZEGED

APPLICANTS HAVE TO COMPLETE THE BELOW FORM WITH CAPITAL LETTERS ACCORDING TO THE DATA PRESENT IN THEIR ID CARD/PASSPORT, ADDRESS CARD, TAX PAYER'S ID (IF ANY) AND THE ETR. IT IS COMPULSORY TO FILL IN THE GIVEN BOXES. FORMS MISSING ANY DATA IS DEFECTIVE AND THEREFORE UNACCEPTABLE!

<b>NAME OF APPLICANT:</b> .....	
<b>Date (yyyy-mm-dd)&amp; place of birth:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
<b>Mother's maiden name:</b>	
<b>Tax payer's ID:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>ADDRESS IN HUNGARY:</b>	
<b>Postal code:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>City:</b>	
<b>Street, nr.:</b>	
<b>Phone number:</b>	
<b>E-mail:</b>	
<b>STUDIES:</b>	
<b>Institution of higher education:</b>	
<b>Faculty:</b>	
<b>Program:</b>	
<b>ETR code (EHA -Code)</b>	



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**Academic program:**

- bachelor program (BA, BSc)
- undivided, single-cycle program
- master program (MA, MSc)
- doctoral program (PhD)

**Training:**

- full-time
- part-time

**PROJECT PLAN: Please indicate the detailed plan for the country booth:**

- presented cultural objects (pictures, clothes etc.)
- activities/interactive activities
- menu



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## **DECLARATIONS**

**I hereby declare under penalty of perjury that all provided information in the present application form is true and correct.**

**I hereby authorize the University of Szeged to access and process my personal data indicated in the present application form for the duration of the project for the purpose of verifying eligibility for the aid.**

**I hereby authorize the University of Szeged to use and transfer my personal data indicated in the present application form in order to help organize the project.**

**Szeged, .....,2016.**

.....

**Applicant's signature**