

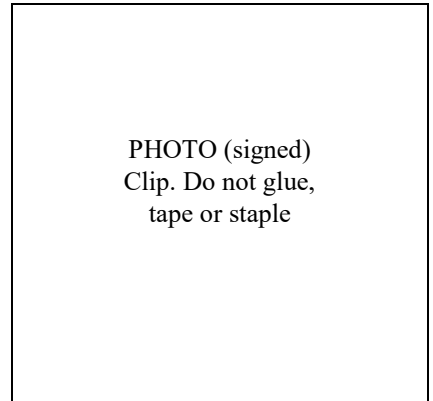
# SEMMELWEIS UNIVERSITY MEDICAL PROGRAMS IN ENGLISH APPLICATION FORM

To Begin Studies in September 2017

**1. Type or block print all information**

**2. These items should be attached to the application**

- a. Copy of Secondary School Leaving Certificate (in English or with an authorized translation) and all official transcripts from your secondary school.
- b. Letter of recommendation.
- c. Curriculum Vitae in English (attach separate page).
- d. Motivation letter.
- e. Medical report (including negative HIV test and Hepatitis B vaccination, certification of not having chronic infectious disease).
- f. Two passport size photos (signed on the back).
- g. Copy of passport with your personal data.
- h. Application Fee USD 200 (non-refundable) payable to the local representative. If there is no local representative please transfer the fee to the bank account of Semmelweis University.
- i. Bank receipt for the Examination Fee (USD 250 if the exam is taken in Budapest. Non-refundable after application deadline).



**3. Sign the application on page 2.**

**4. Submit all application documents to your local representative:**

**Deadline for application:  
May 31, 2017**

Due to the great and increasing number of applicants, early application is encouraged.

**Location of the entrance examination:**

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If nothing is indicated send it directly to Semmelweis University, English Secretariat (H-1094 Budapest, Tüzoltó u. 37-47.) or to the Student Service Center (STH.hu H-1241 Budapest, P.O. Box 179).

I apply for  **Doctor of Medicine**  **Doctor of Dentistry**  **Doctor of Pharmacy program**

Please tick the appropriate box.

Family Name (Surname)

First Name (Given name)

Please, write your name as written in passport.

Sex (F/M)      Birthdate (D/M/Y)      Birthplace (City, Country)

Citizenship\*      Passport or ID card Country Code and No.

Permanent Address (No., Street, City, Postal Code, Country)

Phone/Fax at Perm. Address      E-mail

Where and how did you **first** learn about this program (please, specify): \_\_\_\_\_

Where else did you get further information from:

- <http://semmelweis.hu>     local representative     [www.sth.hu](http://www.sth.hu)     advertisement
- educational fair/seminar     student in Hungary     friend/relative     other

\* If you have a dual citizenship please underline that country's, whose passport you will use when entering Hungary.

## ACADEMIC RECORD

1. List all secondary schools attended and (if any) high-schools, degree programs

Name of School	Location	Dates Attended		Type of Diploma/ Certificate
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Date and place of high school /senior secondary school exam: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ No: \_\_\_\_\_

3. Sciences studied (please underline!): Biology          Chemistry          Physics

4. Activity following graduation, if any: \_\_\_\_\_

\_\_\_\_\_

5. What is your mother tongue? \_\_\_\_\_

Other languages? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Hungarian? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

## PERSONAL INFORMATION

6. Your Marital Status \_\_\_\_\_

7. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Mother's **full maiden** name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

8. Person to notify in emergency:

\_\_\_\_\_

Name	Relationship	Daytime Phone
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\_\_\_\_\_

Address (No. / Street / City / Postal Code / Country)	Daytime Fax
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9. **CURRICULUM VITAE.** Attach separate page!

I hereby certify that all information provided by me in this application is accurate and complete. I declare that I am fully aware of the contents of the official English language brochure of Semmelweis University and fully accept the given conditions.

(Signed) \_\_\_\_\_

Date: \_\_\_\_\_