SEMMELWEIS UNIVERSITY MEDICAL PROGRAMS IN ENGLISH
APPLICATION FORM

To Begin Studies in September 2019 Deadline for application: July 15, 2019

These items should be attached to the application

PHOTO (signed) Clip. Do not glue, tape or staple

a) All official transcripts and copy of the gradebook (if any) from your university (in English or with an authorized translation)
b) Certified copy of degree of the related studies if any
c) Curriculum Vitae (Resume) in English
d) Motivation letter in English
e) Medical certificate (certification of not having chronic and/or infectious disease) issued within 90 days of the application date. Form is downloadable from *http://semmelweis.hu/english/prospective-students/application/medical-certificate/*
f) A passport size photo (signed on the back)
g) Copy of passport or ID card with your personal data
h) Bank receipt for the Admission Procedure Fee USD 350
i) Subject accreditation form (dental and pharmacy students)

Please tick the appropriate box

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

Type or block print all information

PERSONAL DATA *Please write your name as written in passport*

Family Name (Surname)

First Name (Given name)

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

Citizenship* Passport or ID card Country Code and No.

☐ I do not have a Hungarian passport or citizenship *(Put a cross in the box if not having it)*

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

Phone/Fax at Perm. Address E-mail

Mother's full maiden name
Family name First name

ACADEMIC RECORD

MATRICULATION/SCHOOL LEAVING CERTIFICATE:
Certificate issued by (name of high school /senior secondary school):

Date of issue: _____ No.: _____

HIGHER EDUCATION INSTITUTE OF EARLIER STUDIES:

Name of institute: _____

Major/Faculty: _____ Date of studies: _____

I hereby certify that all information, the given data provided by me in this application are accurate and complete. I declare that I fully accept the given condition and the rules and regulations for credit transfer of the university.

(Signed) _____ Date: _____

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