



SEMMELWEIS UNIVERSITY

Faculty of Health Sciences

APPLICATION FORM

Please attach a recent passport photograph

STUDENT PERSONAL DETAILS	
First name(s) (as in your passp.)	
Surname(s) (as in your passport)	
Date and place of birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship	
Passport/ID card No.	
Mother's full maiden name	
Home address (including postcode, town, country)	
Term-Time address (Hungarian address)	
Arrival (dd/mm/yy)	
Departure (dd/mm/yy)	
Home telephone	
Mobile (used in Hungary)	
E-mail address	

EMERGENCY CONTACT	
PERSON (relatives, family, close friend) TO BE NOTIFIED IN CASE OF EMERGENCY:	
Full name	
Home address	
Telephone(s)	

I CERTIFY THAT THE INFORMATION GIVEN IS CORRECT	
Student: _____	Date: _____
(signature)	