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| **APPLICATION FORM FOR EXCHANGE STUDENTS** |
| Year:  |  |  |
| **SENDING INSTITUTION** |  |  |
| Name: |  |  |
| Address: |  |  |
| Contact person:  | e-mail address: |  |
| **STUDENT INFORMATION** |  |  |
| Family name: | First name(s): |  |
| Date of birth: | Place of birth: |  |
| Permanent address: |  |  |
| Number of identity card or student card or passport: |
| Nationality: | Female ( )  | Male ( ) |
| E-mail address: | Phone number: |  |
| Faculty: |  |  |
| Year of study:  | Completed study year /semesters at home university:  |  |
| **LANGUAGE COMPETENCE** |  |  |
| Native language: |  |  |
| Spoken foreign languages:  |  |  |
| level: |  |  |
| **DATES**  |  |  |
| Desired period for practice: |  |  |
| Date of arrival: |  |  |
| Date of departure: |  |  |
| **STUDY PLAN** |  |  |
| Preferred department to be visited: |  |  |
| Special field of interest: |  |  |
| **ACCOMMODATION** |  |  |
| Do you need accommodation in student dormitory?  | Yes ( )  | No ( ) |
| The personal data will be processed exclusively to complete the application process. The applicant can withdraw the right to process the data that he/she has given at any time. By submitting an application, he/she is making the data available to Semmelweis University and the department Directorate of International Relations. The application documents may be viewed and checked by people involved in the selection process in connection with the student exchange program. |
| Date:…………………………………..  | Signature:……………………………….. |