



**Semmelweis University
Faculty of Physical Education and Sport
Sciences (TF)**



APPLICATION FORM

To begin Studies in September 2011

PLEASE READ THESE INSTRUCTIONS CAREFULLY

1. Type or block print all information.
 2. The following items should be attached to the application:
 - School leaving certificate and official transcripts from your secondary school.
 - Letters of recommendation.
 - Four (4) passport-size photos.
 - Check or money order of EURO 200.
 - Curriculum Vitae in English (attach separate sheet).
 - Copy of your passport with personal data.
 - Hand written motivation letter in English.
 3. Sign the Application Form on Page 2.
- Note: only application form fully completed will be accepted, If it is not applicable to you, indicate "NA"*

APPLICATION FOR STUDY PROGRAMME

- | | |
|---|--------------------------|
| 1. Bachelor of Science in Physical Education/Coaching Programme | <input type="checkbox"/> |
| 2. Bachelor of Science in Human Kinesiology Programme | <input type="checkbox"/> |
| <hr/> | |
| 3. Master of Art in Physical and Health Education Teacher Programme | <input type="checkbox"/> |
| 4. Master of Science in Human Kinesiology Programme | <input type="checkbox"/> |

(please, tick the appropriate box)

PERSONAL INFORMATION - A

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Title	First	Middle	Family / Surname
Telephone 1.	: +	<input type="text"/>		
Telephone 2.	: +	<input type="text"/>		
Mobile Tel.	: +	<input type="text"/>		
Fax	: +	<input type="text"/>		
Email Address	:	<input type="text"/>		

Permanent Address in the Home Country

PERSONAL INFORMATION - B

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of Birth	City	<input type="text"/>
	D	D	M	M	Y	Y		Country	<input type="text"/>
Nationality at Birth				<input type="text"/>					
Nationality at Present				<input type="text"/>					
Passpor Number	<input type="text"/>								
Mother's Name	<input type="text"/>								
Do you hold Dual Nationality?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, please specify	<input type="text"/>			
Marital Status	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	Gender:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Person to notify in emergency:									
Name:	<input type="text"/>				Relationship:	<input type="text"/>			
Daytime phone: +	<input type="text"/>				Daytime fax: +	<input type="text"/>			
Address:	<input type="text"/>								

Passport Number	Place of Issue	Date of Issue	Date of Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACADEMIC RECORD

1. List all secondary schools attended

Name of School	Qualification Achieved	Dates			
		From		To	
		MM	YY	MM	YY
<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"/>	<input type="text"/>	<input type="text"/>

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:

DECLARATION

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 application conditions including the appropriate fees provided by the Semmelweis University Faculty of Physical Education and Sport Sciences (TF) and fully accept them.

Dated : Signed :