**Student Application Form**

**for exchange students**

for the 🞏 Autumn Term

🞏 Spring Term

*Place of passport photo*

🞏 Whole academic year,

of the Academic Year: ……../……..,

as a(n) 🞏 CEEPUS student

🞏 Free Mover student

🞏 exchange student within the framework of an inter-institutional
agreement, please specify: ……………………………………………………….

🞏 other, please specify: …………………………………………………………………

**Student’s Personal Data**

|  |  |  |
| --- | --- | --- |
| First Name(s):  | Family Name:  | Gender:  |
| Date of Birth: | Place of Birth: |
| E-mail: | Telephone: |
| Permanent Address: | Mother’s birth name: |
| Nationality: | Passport Number: |
| Next of Kin Last name, first name:Relationship to you:Telephone and e-mail: |

**Sending Institution**

|  |  |
| --- | --- |
| Name of sending institution: | Full address of sending institution: |
| Degree program title at sending institution: | Department at sending institution: |
| Level of studies: 🞏 Bachelor 🞏 Master 🞏 PhD | Number of academic years completed: |
| Institution Coordinator of the Exchange ProgramName:E-mail:Telephone: | Contact person at the departmentName and position:E-mail:Telephone: |

**Studies at Eszterházy Károly University**

|  |
| --- |
| Field of study: |
| Date of arrival: | Date of departure: |

.

**Language Competences**

*Please, fill out ONE of the following tables.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language Skills in TOEFL system | Pre-Intermediate  (TOEFL 57-86) | Intermediate (TOEFL 87-109) | Advanced(TOEFL 110-) | Mother tongue |
| English | 🞏 | 🞏 | 🞏 | 🞏 |
| ………. | 🞏 | 🞏 | 🞏 | 🞏 |
| ………. | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Language Skills in CEFR system | Beginner (A2) | Basic(B1) | Intermediate (B2) | Advanced(C1) | Mother tongue |
| English | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| ………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| ………. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

**Accommodation**

🞏 Dormitory room Preferred roommate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Assistance for rental needed

🞏 No assistance needed

**Signature**

I confirm that the above data are true and valid

|  |  |
| --- | --- |
| Student’s signature | Sending institution’s signature and stamp |
| Date |

****Please send this application form and all other required documents (e.g. proof of language knowledge) to:

**ESZTERHÁZY KÁROLY UNIVERSITY**

**CENTRE FOR INTERNATIONAL RELATIONS**

**ESZTERHÁZY TÉR 1.
3300 EGER
HUNGARY**

by post and send us the scanned version to studentmobility@uni-eszterhazy.hu. Thank you and good luck!