EÖTVÖS LORÁND UNIVERSITY



I. Required fields:

Request for the national recognition of an academic degree obtained abroad as a PhD degree

I the undersigned hereby request the national recognition of my academic degree obtained abroad as a doctoral (PhD) degree in the academic discipline of at Eötvös Loránd University.

Applicant's name: Mother's maiden name:		Birth name: Citizenship:
Year of birth:	Month:	Day:
ID (or permanent	residence permit) number	*
	ess (Country/Postal Code/	
Place of residenc	e/Correspondence address	(Postal Code/City/Address):
Name, address of	f institution to issue univ	ersity/MA/MSc/degree certificate:
University/MA/MSc/degree certificate		Date of Issue:
Higher education major(s):	n qualifications,	
Language profici	iency:	
Language 1:	Level/type:	Certificate no., DOI:
Language 2:	Level/type:	Certificate no., DOI:
Certificate no., D	OI of degree certificate	to be recognised nationally:
Name, address of	f institution to issue degr	ee certificate:
Title of doctoral	dissertation:	

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^{*} Please underline.

II. Optional fields: ** Phone number:	E-mail address:		
Employer name:			
Work address:			
Work phone number:			
I declare under penalty of perjury that in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.			
Budapest,, 20			
Please print or type the request.	Applicant's signature		

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^{**} Filling out the fields under part II is not mandatory but the details will be useful in later administrative procedures. By signing this application form the applicant agrees to the University's handling of the details provided.