

**EÖTVÖS LORÁND TUDOMÁNYEGYETEM Comprehensive Exam Application Form for Students Who Have Not Taken Part in a Programme Organised at a Doctoral School of ELTE[[1]](#footnote-1)**

I the undersigned hereby request permission to take the comprehensive exam in the academic discipline of in the academic field of at the Doctoral School of

 .

**I. Required fields:**

**Name:**

**Birth name:**

**Mother’s maiden name:**

**Citizenship:**

**Place of Birth** (City/County/Country)**:**

**Date of Birth:**

**ELTE Electronic Registration System identification code** (for former ELTE students)**:**

**ID number if Electronic Registration System code not applicable:**

**For non-Hungarian citizens:**

**Residency type, number of the document entitling the residence or the document certifying the right of residence in the case of persons with the right of free movement and residence:**

**Permanent address** (Country/Postal code/City/Address)**:**

**Correspondent address** (Postal code/City/Address)**:**

**University** (University name/City/Country)**:**

**University/MA/MSc/degree certificate no.:**

**Date of Issue:**

**Higher education qualifications, majors:**

**Language proficiency:**

**Language 1:**

**Level/Type:**

**Certificate no., Date of Issue:**

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**Language 2:** **Level/Type:** **Certificate no., Date of Issue:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of selected doctoral school:** |  |  |  |
| **Name of doctoral programme:** |  |  |
| **Name, academic degree of topic supervisor:** |  |  |
| **Topic supervisor’s place of employment:** |  |  |  |
| **Doctoral topic:** |  |  |  |
| **Doctoral programme type?** | State/Self-financed/Uniquely-tailored\* |
| **Language of doctoral programme:** HUN/foreign ([please specify] |  | ) language\* |
| **Have you applied to other doctoral schools/programmes?** | Yes/No\* |
| **Name of other institution 1:** | **Doctoral school:** |  |
| **Doctoral programme:** |  |  |  |
| **Name of other institution 2:** | **Doctoral school:** |  |
| **Doctoral programme:** |  |  |  |
| **Do you have a student status at another doctoral school?** | Yes/No\* |
| **Name of other institution:** | **Doctoral school:** |  |
| **Doctoral programme:** |  |  |  |

**Have you had a student status expire at another doctoral school within the last five years?** Yes/No\*

**Name of other institution:** **Doctoral school:**

**Doctoral programme:**

**Date of expiry:**

\* Please underline

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**II. Optional fields\*\***

**ID card number (if ELTE identifier applicable):**

**Permanent/Temporary residence permit/Passport number (if ELTE identifier applicable):**

**Phone number:** **E-mail address:**

**Employer name:**

**Work address:**

**Work phone number:**

**Tax identification no.:**

**TAJ no.:**

**Bank account no.:**

**Are you eligible for GYES/GYED/GYET?\*** Yes/No\*

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…**

**Applicant’s signature**

Please print or type the application form.

**\*\***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.

1. Established by Senate Resolution CCV/2021. (XII. 15.). Effective 13 December 2021. [↑](#footnote-ref-1)