



Faculty:

APPLICATION FORM
Eötvös Loránd University
TRAINEESHIP AFTER GRADUATION

for the Academic Year 2019/2020

Family name First name
Date of birth: Nationality:
Address:
Neptun code
Phone: E-mail:
Year: Studies:

Language knowledge (other than the mother tongue):

Lang.: B2 C1
 B2 C1
 B2 C1

Where would you like to realize your traineeship mobility? (preference list)

1. Name of Host institution/company, NGO etc.:

Field of profession: Home Department/Institution:

Language of the traineeship:

Planned start date of the traineeship:

2. Name of Host institution/company, NGO etc.:

Field of profession: Home Department/Institution:

Language of the traineeship:

Planned start date of the traineeship:

Please attach:

1. Letter of motivation
2. Professional CV (in English and in the language of the traineeship)
3. Transcript of Records of your last 2 semesters (from Neptun)
4. Copy of Diploma/Certificate (if you are an MA or PhD student)
5. Copy of residence card (if you are not a Hungarian citizen)
6. Any certificate about the extra curricular activities of the applicant may relevant to the mobility
+ *extra requirements of the sending Department/Institution/Faculty (if any)*

I, the undersigned, hereby declare that this form consists true and accurate information.

Date: _____ Signature: _____

Filled out by the Academic Coordinator (or equal)

I hereby

- ACCEPT and support the applicant for traineeship:**
- **Scholarship for, _____ months**
 - **Zero grant for, _____ months**
 - **reserve list**
- do NOT accept and support the application of the applicant.**

Name of Host institution/company etc.:

Planned start date of the mobility:

- I, the undersigned declare, that I will support the preparation of the traineeship considering the requirements of the study programme where the applicant has enrolled.
- I will support the applicant to fulfil the professional requirements of his/her curricula at ELTE.
- I will assist the acknowledgement of the traineeship period of the student at ELTE.
- I understand that this application form is not accepted if it is not filled out completely, if it is illegible or if there are no necessary attachments enclosed.

Faculty: _____ Department/Institute: _____

Responsible Academic Coordinator

Faculty International Coordinator

name: _____

name: _____

date: _____

date: _____

signature: _____

signature: _____