



APPLICATION FORM

Medical and health sciences programs

Application data

Program applying for:

In case you apply for the Basic Medicine Course, please select the faculty*:

**It is not possible to change the selected faculty after submitting your application*

Academic year / semester **:

*** Only the Basic Medicine Course II is announced from the second semester (starting in January)*

Personal data

Surname/Family name as in passport:

Given name(s) as in passport:

Sex: Date of birth (day/month/year):

Place of birth (city, country):

Mother's maiden family name:

Mother's maiden given name(s):

First language: Proficiency in English:

Nationality: 2nd nationality (if any):

Passport number: Passport expiry date (day/month/year):

Contact data

Permanent street address:

City/town: Country:

Email address:

Phone number: Skype ID:

How did you first hear about the University of Debrecen?

Name of your representative/agency:

By ticking this box I declare that I am submitting my application to the University of Debrecen through the above named agency. I am aware that this agency will act as my representative, they will have right to handle my application and the University of Debrecen will communicate with them regarding my admission. I am aware that I can have only one representative during the admission procedure.



Educational background

Name of high school:

Country of school: Current grade level (or write "graduated"):

High school graduation date (past or expected date, day/month/year):

If already attended university:

Name of university:

Country of university: Number of completed semesters:

Name of study program:

Graduation date (past or expected date, day/month/year):

Degree awarded or to be awarded:

Application type Please choose ONLY ONE option:

Freshman application: I am applying to the first year of the chosen study program and I do not want to request for any credit transfer.

Application with subject exemption: I am applying to the first year of the chosen study program and I am applying for subject exemption (credit transfer) on the basis of my previous university studies. I am aware and accept that the final deadline to submit all required documents is 30 June. I understand that my documents will be evaluated after being admitted to the selected program.

Transfer application: I would like to apply to an upper year level of the chosen study program of the University of Debrecen, continuing my current university studies. I am aware and accept that the final deadline to submit all required transfer documents is 30 June.

Please enclose:

- high school diploma (or latest school report)

- copies of relevant pages of passport

- recent passport size photograph

- bank receipt of 150 USD non-refundable application fee and 350 USD non-refundable entrance exam fee

- Credit Transfer Request Form and its supporting documents (in case of subject exemption or transfer applications)

- university degree certificate, transcripts, course descriptions (if available)

- short CV

- recent medical certificate of general health status

Declarations With my signature below:

1. I accept that I will not be able to submit any more subject exemption requests throughout my entire studies at the UD.
2. I accept that the University of Debrecen might turn to my educational institution for verification of my school documents.
3. I certify that the data in this form are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the Application Form will result in the application being void and in termination of my application.
4. I confirm that this application fully accords with my intentions, and hereby I submit this application to the University of Debrecen with the indicated details.
5. By signing this declaration, I acknowledge that the agent acting on behalf of the University of Debrecen is the one responsible for compliance with the data management and data protection rules in my country of origin, and on my request the agent shall provide me with detailed information regarding data management process.

Date: Signature of applicant:

Signature of parent/legal representative (if applicant is under 18 years on the above date):