

APPLICATION FORM
Ph.D. EXAM

Please use capital letters to fill in this form, and then sign it. The application is only valid with the receipt certifying payment.

Candidate's details:

Surname: _____

First name: _____

Mother's maiden name: _____

Date of birth: _____ day _____ month _____ year

Place of birth: _____

Faculty: _____

Doctorate school: _____

Contact details:

Telephone: _____

E-mail: _____

Date of exam: _____

Language:

ENGLISH

FRENCH

GERMAN

ITALIAN

RUSSIAN

SPANISH

ROMANIAN

HUNGARIAN

In case of bank transfer:

Account holder's name:.....

Account holder's address:

.....

Account number:

MÁK 10028007-00282802-00000000

Name of beneficiary: SZTEIK

Details of payment/Reference: OS 207 3010

Please stick proof of bank transfer
of exam fee here

PHD

exam fee:

Complex

HUF 8,000