



**ACADEMIC RECORD**

1. List all secondary schools attended

Name of School	Location	Dates Attended		Diploma/ Certificate
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Date and place of high school /senior secondary school exam: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ No: \_\_\_\_\_

3. Sciences studied (please underline!): Biology – Chemistry – Physics

4. Activity following graduation, if any: \_\_\_\_\_

\_\_\_\_\_

5. What is your mother tongue? \_\_\_\_\_

Other languages? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Hungarian? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

**PERSONAL INFORMATION**

6. Your Marital Status \_\_\_\_\_

7. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Mother's **maiden** name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

8. Person to notify in emergency:

\_\_\_\_\_

Name	Relationship	Daytime Phone
_____	_____	_____

Address (No. / Street / City / Postal Code / Country) \_\_\_\_\_ Daytime Fax \_\_\_\_\_

9. **CURRICULUM VITAE.** Attach separate page!

I hereby certify that all information provided by me in this application is accurate and complete. I declare that I am fully aware of the contents of the official English language brochure of Semmelweis University, Faculty of Health Care, and fully accept the given conditions.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

