



APPLICATION FORM

Medical and health sciences program

1. Application data

Program applying for

In case you apply for the Basic Medicine Course,
please select the faculty¹

¹ It is not possible to change the selected faculty after submitting your application

When do you want to start your studies? ²

² Only the Basic Medicine Course II and the BMC Budapest - Intensive Basic Medicine Courses start in the Spring intake, all other programs start in the Fall intake only.

2. 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

Passport number

Passport expiry date (day/month/year)

2nd nationality (if any)

3. Contact data

Permanent street address/number

Permanent city

Permanent country

Email address

Phone number (with +country code)

Country of residence³

³ Your current residency which can be different from home country / permanent address or nationality.
Please upload the relevant residence permit if available.



**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 application process and admission. I am aware that I can have only one representative during the application/admission procedure.

4. Previous education

Name of high school

Country of school

Current grade level

Already graduated from high school

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

Name of university

Country of university

Name of study program

Number of completed semesters

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

Degree awarded or to be awarded

5. Entrance exam preference

Chosen subject combination⁴

⁴ Only relevant for applicants for Medicine, Dentistry, Pharmacy and Basic Medicine Course programs

6. Application type (Choose only one option, tick the required box)

☐ 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.



7. 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. 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.

8. Signatures

Date (day/month/year)

Original handwritten signature of applicant

Signature of parent/legal representative

(if applicant is under 18 years on the above date)
