

**ANNEX 5**  
**APPLICATION FORMS**

FI80798



**EÖTVÖS LORÁND UNIVERSITY**  
**Doctoral (PhD) Programme Application Form**

**I. Required fields:**

**Name:**

**Birth name:**

**Mother's maiden name:**

**Citizenship:**

**Place of birth (City/Country):**

**Year of  
birth:**

**Month:**

**Day:**

**ELTE Electronic Registration System identification code** (applicable for former ELTE students):

**ID number if Electronic Registration System code not applicable:**

**In the case of non-Hungarian citizens, the title of residence and type and number of residence permit** (in the case of persons entitled to free movement and residence in Hungary, the type and number of document certifying residence rights):

**Permanent address** (Country/Postal Code/City/Address):

**Correspondence address** (Postal Code/City/Address):

**Alma mater** (institution/city/country):

**University/MA/MSc/degree certificate no.:**

**Date of Issue:**

**Major(s):**

**Language proficiency:**

**Language 1:**

**Level/type:**

**Certificate no., DOI:**

**Language 2:**

**Level/type:**

**Certificate no., DOI:**

**Name of selected doctoral school:**

**Name of doctoral programme within doctoral school:**

**Name, academic degree of topic supervisor:**

**Topic supervisor's place of employment:**

**Title of selected topic:**

**What form of training are you applying for?**

organised state-financed programme /organised self-financed programme/ individual programme\*

**Language of programme:** HUN/foreign ([please specify] ) language\*

**Have you applied to other doctoral schools/doctoral programmes? Yes/No\***

**1. Name of other institution: Doctoral school:**

**Doctoral programme:**

**2. Name of other institution: Doctoral school:**

**Doctoral programme:**

**Do you have a student status with another doctoral school? Yes/No\***

**Name of other institution: Doctoral school:**

**Doctoral programme:**

**Has your student status with another doctoral school been terminated within the last five years? Yes/No\***

**Name of other institution: Doctoral school:**

**Doctoral programme:**

**Date of termination:**

## **II. Optional fields\*\***

**ID Number (ELTE identification code if applicable):**

**Residence permit/Permanent residence permit/Passport number (ELTE code if applicable):**

**Phone number: E-mail address:**

**Employer name:**

**Work address:**

**Work phone number:**

**Tax identification number: TAJ (social security) number:**

**Bank account number:**

**Are you eligible for GYES/GYED/GYET/?\* Yes/No\***

I declare under penalty of perjury that in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Budapest, ....., 20...**

**Applicant's signature**

Please print or type the application form.

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\* Please underline.

\*\* Filling out the fields under part II is not mandatory but the details will be useful in later administrative procedures. By signing this application form the applicant agrees to the University's handling of the details provided.