



EÖTVÖS LORÁND UNIVERSITY

Faculty of Science

Application form for the initiation of doctoral procedure

Application for the doctoral procedure in _____ discipline

_____ field of discipline
_____ doctoral programme

1. Required data (compulsory):

Name: _____ Name of birth: _____
 Mother's maiden name: _____ Nationality: _____
 Place of birth: _____ Date of birth, day: _____ month: _____ year: _____
 Student identification No: _____ Neptun Code: _____
 Permanent address
 (postal code/city/ street/number): _____
 Place of residence
 (postal code/city/street/number): _____
 Graduated at which university: _____
 Certificate No. of MA/MSc degree: _____ Date of issue: _____
 Discipline: _____
 1. Language skill: _____ level/type: _____ Certif. No, date: _____
 2. Language skill: _____ level/type: _____ Certif No, date: _____
 Name of the doctoral school (doctoral training programme)
 issuing the 'completion of studies' certificate: _____
 Date of 'completion of studies': _____
 Language of the doctoral training: _____
 Type of doctoral training: _____
 Name and academic degree of the
 supervisor(s): _____
 Workplace of the supervisors (name,
 address): _____

2. Data provided at the sole discretion of Applicant (optional):

Telephon: _____ E-mail: _____
 Name of workplace: _____
 Address of workplace: _____
 Telephone of workplace: _____

I hereby declare that I am fully aware of my criminal liability and that the above data are all true and real;
 furthermore, I agree that all disadvantages due to providing false information shall constitute my own
 inconvenience.

Done at:

Date of submitting the application:

Signature of Applicant

Date of submitting
 the doctoral dissertation:

Signature of Coordinator

*It is not compulsory to provide data under section 2; it would facilitate further administrative affairs.
 By signing this form the Applicant consents to the data management of his/her personal details.