 FI80798

**EÖTVÖS LORÁND UNIVERSITY**

**Application form for Comprehensive Examination**

I, the undersigned, requesting my participation on the Comprehensive Examination of the Doctoral School of , Doctoral Program of

**Name of applicant:** **Birth name:**

**Mother’s name:** **Citizenship:**

**Birth place** (city/county/country):

**Birth date (DD/MM/YYYY):**

**Student identifier code (NEPTUN):**

**Identity Card Number in absence of ELTE identifier code:**

**Address:**

**Telephone number:**

**E-mail address:**

**Language of the doctoral training:**

**Type of doctoral training:** state-funded / self-paying

**Name of the department responsible for the doctoral training (Institute, Research Institute):**

**Name and academic degree of the supervisor:**

**Workplace of the supervisor:**

**Language of the doctoral procedure:**

**Title of the dissertation:**

**Date:**

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**Application form for Comprehensive Examination**

**PROPOSAL FOR THE COMITEE AND TOPICS OF THE COMPREHENSIVE EXAMINATION**

**Name of the applicant:**

**Doctoral School:**

**Doctoral training programme:**

**Title of the dissertation:**

**Name and academic degree of the supervisor:**

***Members of the exam comitee:***

**Name and address of the Chairman of the Board** (university professor / emeritus professor / associate professor with habilitation):

**Board member 1**, academic degree, address:

**Board member 2 (outside the university)**, academic degree, address:

**Supplementary board member,** academic degree, address:

***Topics of the theoretical part of the comprehensive examination***

**Main topic:**

**Subsidiary topic:**