

EÖTVÖS LORÁND UNIVERSITY

FACULTY OF HUMANITIES

APPLICATION FORM FOR INTERNATIONAL STUDENTS
ACADEMIC YEAR 2016/2017



INTERNATIONAL STUDENT APPLICATION

Please fill in the application form below if you wish to apply for any of the foreign-language study programs of the Faculty of Humanities.

Note that incomplete application forms will not be taken into consideration. The deadline for applications for the AY 2016/2017 is indicated on the faculty's website at www.btk.elte.hu/en/deadlines.

Instructions: This document includes digital text-boxes that must be filled out on a computer using a PDF-reader. Please use this method if your technical infrastructure allows for it. All application must be submitted electronically by e-mail on iso@btk.elte.hu. Written application can only be accepted with prior permission.

1. PROGRAM OF STUDY

I AM APPLYING FOR A(N)

Undergraduate program (Bachelor of Arts)

Graduate program (Master of Arts)

Short-term program (Certificate Course)

Foundation Course

Please choose this option if you wish to enroll in the English Foundations Course or an ESP-program

PROGRAM COMMENCEMENT:

Semester 1: Fall Semester (September – January)

Semester 2: Spring Semester (February – June)

PROGRAM TITLE:

1st program choice _____

2nd program choice _____

If your first program choice is not available for the semester you have indicated, what would you like to be automatically considered for?

The next semester available for your first program choice

Second program choice

It is important that you refer to the current online portfolio at www.btk.elte.hu/en for the correct program names, application deadlines, semester availability, etc.

2. PERSONAL DETAILS

PERSONAL DATA

Family name _____

Given name(s) _____

Name in full (as in passport) _____

Place of Birth (City, Country) _____

Date of Birth _____

Citizenship(s) _____

Sex _____

Mother's maiden name _____

in full, as in birth certificate; for example, *Martha Smith*

Country of current residence _____

where you have lived for the past three months

Passport number _____

Expiry date of passport _____

Residence permit number _____

only if you are currently staying in Hungary with residence permit

Expiry date of residence permit _____

Note: All personal details must be given as shown on your passport. If your name appears differently, we reserve the right to amend it on our records. Please give the order in which you want your names to appear on your Letter of Acceptance and all other official documents and databases.

APPLICANT'S CONTACT DETAILS

Applicant's e-mail address _____

Landline number _____

Mobile phone number _____

In which country are the above phone number registered? _____

Mobile number in Hungary (if any) _____

Which phone number of Skype address can we use to conduct an interview with you, if applicable?

Phone number _____

Skype name _____

APPLICANT'S PERMANENT ADDRESS OUTSIDE HUNGARY:

Street _____

House and/or apartment number _____

ZIP (postal) code _____ City _____

Suburb/district _____

State _____

Country _____

APPLICANT'S MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

Street _____

House and/or apartment number _____

ZIP (postal) code _____ City _____

Suburb/district _____

State _____

Country _____

APPLICANT'S TEMPORARY ADDRESS (PROPOSED OR ALREADY OCCUPIED) IN HUNGARY

Street _____

House and/or apartment number _____

ZIP (postal) code _____ City _____

Suburb/district _____

State _____

Country _____

CONTACT PERSON IN CASE OF EMERGENCY (IN HOME COUNTRY)

Family name _____

Given name _____

Relationship to the applicant _____

Phone number _____

Address _____

3. ENGLISH PROFICIENCY (IF APPLICABLE)

NATIVE SPEAKERS OR PREVIOUS ENGLISH TUITION

Is English your *de jure** first language?

Yes No

Did you complete your secondary education in English?

Yes No

Did you complete your university education in English? (If applicable)

Yes No

*Only countries where English is used as the **first** or **de jure** language are considered English-speaking countries (our website contains the list of countries). Applicants from all other countries must prove their English language proficiency. In case you completed either your secondary school or post-secondary education in English, please provide us with an attestation, stating that the medium of tuition was English.

ENGLISH STANDARDIZED TESTING

Have you taken an IELTS test?

Yes No

If yes, please specify:

Test date _____

Score _____ Registration number _____

Have you taken a TOEFL test?

Yes No

If yes, please specify:

Which version did you take?

Internet-based (iBT) Computer-based (CBT) Paper-based (PBT)

Test date _____

Score _____ Registration number _____

If you took any other test that could serve to proof your English language proficiency, please indicate

OTHER LANGUAGE PROFICIENCY

*This section only applies to you if you consider taking any degree program **not** in English.*

Language	Name of exam center	Level of proficiency or score	Test date
French	_____	_____	_____
German	_____	_____	_____
Spanish	_____	_____	_____
Portuguese	_____	_____	_____
Italian	_____	_____	_____
Russian	_____	_____	_____
Other:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. ACADEMIC QUALIFICATIONS

Please list all secondary and post-secondary programs in which you have been enrolled.

Level	Institution	Country	Year started	Year completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ISSUING AUTHORITY

What is the issuing authority of your secondary school diploma?
(e.g. Ministry of Education, West African Examination Council, etc.)

Registration / file number of secondary school diploma: _____

Grade / qualification of your secondary school diploma: _____

What is the issuing authority of your post-secondary school certificate?

Registration / file number of secondary school diploma: _____

Grade / qualification of your secondary school diploma: _____

5. OVERSEAS STUDENT HEALTH INSURANCE

Non-EU citizens are required to take out comprehensive health insurance policy, which covers the first 12 months of their stay in Hungary. Applicants are allowed to use the services of any health insurance company in the country of their origin. ELTE BTK uses the services of Generali as its preferred partner and can arrange program-length cover for every applicant.

Yes, I would like ELTE BTK to arrange my health insurance

No, I will make my own arrangements for the duration of my studies

STUDENT DISABILITY ARRANGEMENTS

For further information, please send an e-mail to disabilities@btk.elte.hu.

6. PAYMENT

*Have you made the payment of the **EUR 150** application fee? If not, please make sure that payment is complete before submitting this application form.*

Yes, I have paid the application fee

TRANSACTION DETAILS

Name of the person whose bank account was used for the transfer (yourself or someone else)

Date of payment _____

Name of the bank _____ SWIFT (BIC) code of the bank _____

IBAN number / bank account number used for the payment _____

7. SURVEY (OBLIGATORY TO COMPLETE. IF THIS SECTION IS INCOMPLETE, YOUR APPLICATION WILL BE IGNORED)

How did you hear from us?

From a friend in Hungary

Name: _____

E-mail address: _____

From an agent

Name: _____

E-mail address: _____

From the Faculty's website (btk.elte.hu)

From the Universities website (elte.hu)

From an educational exhibition / road-show

From my high school teacher

In another way, please specify _____

8. SCHOOL TRANSFER

Have you studied at any other institution of higher education in Hungary?

Yes No

If yes, please indicate:

Institution name

Credits (ECTS) completed

_____	_____
_____	_____
_____	_____

9. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and my belief and I undertake to inform you of any changes contained therein. In case any of the information is found untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Please choose one of the following two options:

I have used or will use the service of a third party (family member, friend, agent, educational consultant, etc.) during the application process, who or which I authorize to act on my behalf in the attached Letter of Authorization, filled out and signed in hard copy.

I have filled out this application myself

Date _____

Applicant's or agent's signature

N.B: Please do not forget to attach all required documents, listed on the next page, when you send in your application. The Faculty cannot consider your application if it does not receive all required applicable documents.

Applications must and can only be send to iso@btk.elte.hu.

11. ATTACHMENTS

Attach the following documents to your application now. Tick the ones you have attached to this application.

relevant pages of the passport,

scanned, in color all personal details and expiry date must be shown

a fully completed Application Form,

only electronically typewritten application forms will be considered

a Curriculum Vitae in English or in the target language,

in MS Word format with one low resolution photo

Statement of Purpose (also called “Letter of Motivation”),

describing why you wish to study at the faculty; only required for BA and MA program applicants

an official copy of your completed secondary education or highest degree you hold

academic records (also called "transcript of records") including received grades/marks

proof of language proficiency requirements (e.g. IELTS, TOEFL, etc test scores)

bank slip showing that the application fee has been transferred to the University’s bank account

your officially certified bank account statement,

showing the cash flow of the past 12 months; only in case you arrive from outside the Schengen Area or require a visa to enter Hungary

copy of Residence Permit, if the applicant is staying in Hungary with a Residence Permit

copy of entry visa into the Schengen Zone, if the applicant has entered Hungary on a Schengen zone visa

Letter of Authorization: Appendix A,

if the applicant uses the services of a third party (family member, friend, agent, educational consultant, etc.) during the application process at the Faculty of Humanities of ELTE, a Letter of Authorization must be signed. Failure to complete this document will prevent the Department of International Affairs from processing the application of the applicant.

APPENDIX A: LETTER OF AUTHORIZATION (USE BLOCK LETTERS ONLY.)

To be filled in by the international applicant who uses the services of a third party (family member, friend, agent, educational consultant, etc.) during the application process at the Faculty of Humanities of ELTE. Failure to complete this document will prevent the Department of International Affairs from processing the application of the applicant.

This document has to signed and filled out in hard copy, otherwise it will not be valid.

Applicant's personal data:

Family name: Given name(s):

Address: City, country:

Postal code:

Place, date (dd/mm/yyyy):

To the Department of International Affairs (ELTE FH):

I, the undersigned (place and date of birth:
....., mother's birth name:),
being fully aware of my legal liability, hereby solemnly authorize
..... (place and date of birth:
....., passport number.....,
e-mail address:)
to act on my behalf in all matters necessary with respect to my admission process at the Faculty of Humanities
of Eötvös Loránd University (ELTE FH/BTK) from the date of issue of this Letter of Authorization.

Any and all acts carried out by the person authorized on my behalf – including the signing of official
documents – shall have the same effect as acts of my own.

I hereby declare that the information I have provided and shall continue to provide during this application
process is true and complete to the best of my knowledge and belief.

This all-round authorization will remain effective until my activation in the Neptun system of ELTE FH and
throughout the refund process of my tuition fee in case my entry into Hungary is denied by the relevant
authorities.

.....
(please sign in blue ink on the dotted line)

Name (printed or handwritten in block letters):

Witness 1:

Name:

Signature:

Passport number / ID card number:
.....

Witness 2:

Name:

Signature:

Passport number / ID card number:
.....

Place:, (day) (month), 20.... (year).