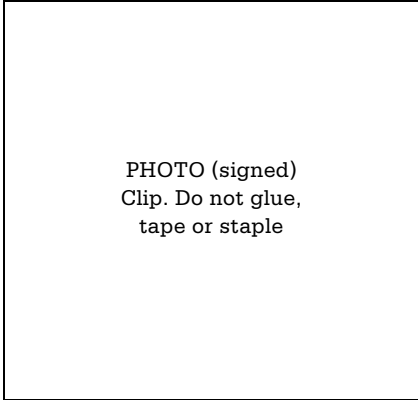


# APPLICATION FORM

**English Language Pre-Medical Program**

**English Language Foundation Program**

1. **Type or block print all information.**
2. **These items should be attached to the application:**
  - a, School Leaving Certificate and official transcripts from your secondary school (with an authorized translation).
  - b, Letters of recommendation.
  - c, One passport size photo.
  - d, Application Fee EUR 200 (non refundable) payable to the local representative. If there is no local representative please transfer the fee to the bank account of College International.
  - e, Medical report (including negative HIV test).
  - f, Curriculum Vitae in English (attach separate page).
  - g, Copy of passport.
3. **Sign the application on page 2.**
4. **Submit all application to your local representative. If nothing is indicated send it directly to McDaniel College Pre-Med Program Office, H-1406 Budapest 76, P.O. Box 51, Hungary**



**Deadline:  
September 1, 2016**

**After the program I apply for (please, tick (✓) the appropriate box)**

- Medicine**    **Dentistry**    **Pharmacy**    **Veterinary Science**  
 **Nursing**    **Midwifery**    **Physiotherapy**    **Other** (please specify): \_\_\_\_\_

Family Name (Surname) \_\_\_\_\_

First Name (Given name) \_\_\_\_\_

**Please, write your name as written in the passport.**

Sex (F/M) Birthdate (D/M/Y) Birthplace (City / Country) Passport or ID card No.

Citizenship\* Mother's full maiden name

Permanent Address (No., Street, City, Postal Code, Country)

Country Code & Phone number E-mail

I first learnt about the program in Hungary:

- from a Budapest student    from the media    from the Internet    from my high school  
 from the local representative    from an acquaintance    at an educational fair/seminar    from ANSA

\* If you have a dual citizenship please underline that country's, whose passport you will use when entering Hungary.

**ACADEMIC RECORD**

1. List all secondary schools attended

Name of School	Location / City	Dates Attended	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Date and place of high school /senior secondary school exam: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ No: \_\_\_\_\_

3. Sciences studied (please underline!): Biology – Chemistry – Physics

4. Activity following graduation, if any: \_\_\_\_\_

\_\_\_\_\_

5. What is your mother tongue? \_\_\_\_\_

Other languages? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

Hungarian? Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

**PERSONAL INFORMATION**

6. Your Marital Status \_\_\_\_\_

7. Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's **full maiden** name \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

8. Person to notify in emergency:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
E-mail address Daytime Phone

9. **CURRICULUM VITAE.** Attach separate page!

I hereby certify that all information provided by me in this application is accurate and complete. I declare that I am fully aware of the contents of the official program brochure and fully accept the given conditions.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_