



Please fill in LEGIBLY, read the Declaration at the end and sign before submitting

Family Name	e (Surname):						
				Middle Name:				
Mother's full	I (FAMILY a	ınd Given) name at bi	rth:					
Nationality:Native language:								
Gender:	male 🗆	female □	Marital S	Status:	single \square		married	
Date of Birth	n Year:	Month:			D	ay:		
Place of Birth Country: City:				<u>C</u> ity:				
Mailing Add	<u>ress</u> (if you	are accepted, this is th	e address to wh	hich you	r letter of ac	ceptan	ce will be sent)	
Street & hous	se no.:				City:			
Postal code:			Country:					
Phone:	Phone:Mobile/cell phone:							
E-mail addres	ss:							
Passport num	nber:		Country	of issue:				
Disability or	chronic illi	ness: No	Yes (Please s	pecify):				
Emergency (Contact							
Name of Nex	tof Kin/Gua	rdian/Contact:						
Daytime phor	ne:							
Address: street:City		City:						
Postal Code:								
	Knowledge of English (if you are a native English speaker, please skip this section)						ection)	
TOEFL iBT	/ IELTS	results/scores:						
	Please choose the program to which you are applying							
Student status		Bachelor (BA)	Master	(MA or MS	c)		
Free-mover (non-degree))	П			П		



For Free-mover Students



For Free-mover & Study Abroad Applicants ONLY

Home University:		
Study program (major):		
Home Coordinator	_	
Postal Address:		
e-mail address:		
DECLARATIONS:		
data to the extent necessary	s University of Budapest, as data controller, registers and processes my above mentioned for admission, and, if admitted, for pursuing the tasks of the University, and that the University places in the cases provided for in law.	
•	nus University of Budapest to facilitate the request of a residence permit for the purpose of data to the National Directorate-General for Aliens Policing.*	of studies
	er of my personal data to the National Directorate-General for Aliens Policing, I will arrange mit on my <u>own (NB: Only tick this box if you do not wish us to assist you by facilitate</u>	
I declare on my honor that t	he information I have provided is correct.	
Date:	Signature:	
I IMPORTANT Annlica	tions will only be processed after all of the required documents (check on	

DRTANT: Applications will only be processed after all of the required documents (check on CUB website (http://isp.uni-corvinus.hu) under the relevant program's site, including the proof of payment for the application fee, have been submitted.



For Free-mover Students



Additional Information

Where did you first hear about the Corvinus University? From:			Which of the following factors influenced your decision to apply to Corvinus University?				
	a student who has already studied here		Faculty, instructors				
	an instructor on your campus:		Corvinus reputation				
	a Corvinus student		low tuition fees				
	a Corvinus faculty member		personal experience of someone you know				
A Corvin	us publication, namely a		location of Hungary				
	eaflet		location of Budapest				
	a students' guide		other (please specify):				
	a newspaper ad:						
A website	e:						
	Corvinus University website						
	Stipendium Hungaricum website						
	BachelorsPortal.eu						
	MastersPortal.eu						
	MasterStudies.com						
	Other:						
Other so	urce(s):						
	Open Day at CUB						
	an agency (please specify which agency):						
	an educational/study abroad fair:						