



ID number FI 58544

UNIVERSITY OF PÉCS*Faculty of Health Sciences
Doctoral School of Health Sciences*

**Application for the PhD Programme
of the University of Pécs, Faculty of Health Sciences**

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|---------------------------------------------|--------|--------------------------|--|
| Applicants name | | Passport-size photo | |
| Title: | | | |
| Family name: | | | |
| First name(s): | | | |
| Name of birth | | | |
| Title: | | | |
| Family name: | | | |
| First name(s): | | | |
| Date of birth | | | |
| Year: | Month: | Day: | |
| Place of birth | | | |
| Country: | | City: | |
| Mother's name | | Title: | |
| Family name: | | First name (given name): | |
| Nationality: | | Sex: Male/Female | |
| Permanent address and other contacts | | | |
| Street: | | City: | |
| Zip code: | | Country: | |
| e-mail: | | Telephone: | |
| Bank account number - IBAN | | | |
| Bank name: | | Bank's SWIFT code: | |

| | |
|-------------------------------------------|------------------------------------|
| Information on the Doctoral School | |
| School ID: D171 | Doctoral School of Health Sciences |
| Head: Prof. Dr. József Bódis | |
| ID of Programme you apply for: PR / | |
| Title of Research Topic: | |
| Supervisor: | |

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| For administrative use only | Accepted by | Arrived on: |
| Recorded by: | Date of registration: | Checked by: |
| Note: | | |



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|-----------------------------------------------------|-----------------|
| Diploma information (Master) | |
| Diploma number: | Field of study: |
| Institution: | |
| Address of institution: | |
| Date of issue (yyyy/mm/dd): | |
| Contact information for diploma verification | |
| Title: Mr./Mrs./Ms. | |
| Name: | |
| Institution: | |
| Position: | |
| e-mail: | Telephone: |

| | |
|-----------------------------------------------------------------------------|--------|
| Language examination (B2 level of English - Name and number of exam) | |
| Cambridge (FCE/CAE): | TOEFL: |
| IELTS: | Other: |

| Scientific qualifications (if any) | |
|-------------------------------------------|---------------|
| <i>Type</i> | <i>Number</i> |
| Conference posters | |
| Conference talks | |
| Publications | |
| University degrees | |
| Fellowships | |
| Average marks at university: | |

I hereby declare that all information provided in this form is correct. I accept that I'm solely responsible for any kind of misinformation given in this form. The University of Pécs Faculty of Health Sciences cannot held responsibility for damages or decline of application caused by providing incorrect information by the applicant.

Date (yyyy/mm/dd):-----
Signature

| | | |
|------------------------------------|-----------------------|-------------|
| For administrative use only | Accepted by | Arrived on: |
| Recorded by: | Date of registration: | Checked by: |
| Note: | | |



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Documents needed for admission

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Application form (2 copies - completed application form with two passport-size photo attached) | <input type="checkbox"/> |
| Copy of your passport with your personal data | <input type="checkbox"/> |
| Curriculum vitae, with details of professional activity | <input type="checkbox"/> |
| A copy of the university diploma and transcript | <input type="checkbox"/> |
| Certified English translation of your diploma (If official transcripts and diploma/degree certificates are not issued in English) | <input type="checkbox"/> |
| English language exam B2 level or Certificate that your complete university education has been conducted in English | <input type="checkbox"/> |
| Publication list, if any | <input type="checkbox"/> |
| A certificate for any credits obtained elsewhere (PhD-level) | <input type="checkbox"/> |
| Two letters of recommendation (One from your own University) | <input type="checkbox"/> |
| Research proposal (detailed) | <input type="checkbox"/> |
| Cover/Motivation letter - Why do you want to join the PhD Programme of the Doctoral School of Health Sciences? | <input type="checkbox"/> |
| Bank receipt (200 € application fee payable simultaneously with the application documents - non-refundable). Except for Stipendium Hungaricum | <input type="checkbox"/> |

Please use the following data when transferring the registration fee:

Bank account name: Pécsi Tudományegyetem
Address of beneficiary: 7622 Pécs, Vasvári P.u. 4.
Bank name and address: Magyar Államkincstár
SWIFT code HUSTHUHB
Intermediary bank name: Magyar Nemzeti Bank
SWIFT code: MANEHUHB
IBAN: HU86 10024003 00282716 00000000

Please indicate the following information in the notes section:

140146, PhD in Health Sciences, Name (in case of full time studies)
140145, PhD in Health Sciences, Name (in case of part time studies)

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| Recorded by: | Date of registration: | Checked by: |
| Note: | | |

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E-mail: doktoriiskola@etk.pte.hu