

Annex 4 (Annex 5 of the University Doctoral Regulations)



EÖTVÖS LORÁND UNIVERSITY
Complex Exam Application Form*

FI80798

I the undersigned hereby request permission to take the complex exam in the academic discipline of _____ in the academic field of _____ at the Doctoral School of _____

Applicant's name:

Birth name:

Mother's maiden name:

Citizenship:

Place of birth (City/Country):

Year of birth:

Month:

Day:

ELTE Electronic Registration System identification code:

ID number if Electronic Registration System code not applicable:

Language of doctoral programme: HUN/foreign ([please specify] _____) language

Doctoral programme type: State-financed/Self-financed:

Name of faculty (institution, research facility) handling applicant's doctoral programme:

Name, academic degree of topic supervisor:

Topic supervisor's place of employment:

Language of doctoral procedure: HUN/foreign ([please specify] _____) language

Doctoral topic:

Budapest,, 20...

**Applicant's
signature**

Please print or type the application form.

* Applicants not taking part in a doctoral programme applying to take the complex exam must also fill out the Doctoral (PhD) Programme Application form.