



UNIVERSITAS SCIENTIARUM SZEGEDIENSIS
SZEGEDI TUDOMÁNYEGYETEM
Faculty of Pharmacy

EXCELLENCE IN PHARMACY SCHOLARSHIP

APPLICATION FORM

FOR INTERNATIONAL STUDENTS STUDYING IN THE FOREIGN LANGUAGE PHARMACY PROGRAM OF THE UNIVERSITY OF SZEGED

APPLICANTS HAVE TO COMPLETE THE BELOW FORM WITH CAPITAL LETTERS ACCORDING TO THE DATA PRESENT IN THEIR ID CARD/PASSPORT, ADDRESS CARD TAX PAYERS ID (IF ANY), AND NEPTUN. FILLING IN ALL BOXES IS MANDATORY. FORMS MISSING ANY DATA ARE CONSIDERED DEFECTIVE AND WILL THEREFORE BE REJECTED.

NAME OF THE APPLICANT:
PLACE AND DATE (YYYY-MM-DD) OF BIRTH: <input type="text"/>
MOTHER'S MAIDEN NAME:
TAX PAYER'S ID: <input type="text"/>
ADDRESS IN HUNGARY
POSTAL CODE: <input type="text"/>
CITY:
STREET, NR.:
PHONE NUMBER:
E-MAIL:
STUDIES:
INSTITUTION OF HIGHER EDUCATION: UNIVERSITY OF SZEGED
FACULTY: FACULTY OF PHARMACY
NEPTUN CODE:
CORRECTED CREDIT INDEX OF THE LAST COMPLETED SEMESTER: <input type="text"/>
REGISTERED CREDITS FOR THE CURRENT SEMESTER: <input type="text"/>
COMPULSORY CREDITS FOR THE CURRENT SEMESTER: <input type="text"/>





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EXTRACURRICULAR ACTIVITIES – PLEASE LIST THEM AND ATTACH A PROOF OF EACH ACTIVITY (e.g. demonstrator activity, scientific circle, participation in conferences etc.)





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DECLARATION

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT ALL PROVIDED INFORMATION IN THE PRESENT APPLICATION FORM IS TRUE AND CORRECT.

I HEREBY AUTHORIZE THE UNIVERSITY OF SZEGED TO ACCESS AND PROCESS MY PERSONAL DATA INDICATED IN THE PRESENT APPLICATION FORM FOR THE DURATION OF THE PROJECT FOR THE PURPOSE OF VERIFYING ELIGIBILITY FOR THE SCHOLARSHIP.

I HEREBY AUTHORIZE THE UNIVERSITY OF SZEGED TO USE AND TRANSFER MY PERSONAL DATA INDICATED IN THE PRESENT APPLICATION FORM IN ORDER TO HELP ORGANIZE THE PROJECT.

SZEGED, 20□□. □□. □□

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APPLICANT'S SIGNATURE

