



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**

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

<b>Information on the Doctoral School</b>	
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:	

<b>For administrative use only</b>	Accepted by	Arrived on:
Recorded by:	Date of registration:	Checked by:
Note:		



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

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

<b>Scientific qualifications (if any)</b>	
<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.

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

<b>For administrative use only</b>	Accepted by	Arrived on:
Recorded by:	Date of registration:	Checked by:
Note:		



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**UNIVERSITY OF PÉCS**

*Faculty of Health Sciences  
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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	<input type="checkbox"/>
An official translation of the diploma, or a copy of its Hungarian equivalent	<input type="checkbox"/>
A letter from the Hungarian Ministry of Education, acknowledging the equivalence of the diploma	<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	<input type="checkbox"/>
Research proposal	<input type="checkbox"/>
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).	<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)

<b>For administrative use only</b>	Accepted by	Arrived on:
Recorded by:	Date of registration:	Checked by:
Note:		

H-7621 Pécs, Vörösmarty u. 4., Hungary  
Telephone/Fax: +36 -72- 513-678  
E-mail: doktoriiskola@etk.pte.hu