List of uploaded documents for the

Traditional Way

Place of photo

1. Personal details

First and family name: …………………………………………………………………………..

NEPTUN code: ……………… master1: ……………………………………………………….

Phone no.: ………………………………………… Passport no.:………………………………

Person to be contacted in case of emergency (name, phone no.): ……………….

….………………………………………………………………………………………………………….

Link to your motivational video (max. 2 minutes): ……………………………………

……………………………………………………………………………………………………………..

2. Educational background

Academic achievements:

|  |  |  |
| --- | --- | --- |
| **Name of University/College:** | **Title of BA/BSc degree:** | **Grade of diploma/GPA:** |
|  |  |  |

Language skills:

|  |  |  |
| --- | --- | --- |
| **Language:** | **Level:** | **Type of language exam:** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

Which of the following activities were you involved in?2

|  |  |
| --- | --- |
| **No.** | **Extracurricular Activity** |
| 1. | Academic studies in a foreign language Name of the bachelor/master programme:Duration of the programme:Language of studies:Course(s) taken in a foreign languageTitle of the course(s):Term and academic year of studies: |
| 2. | TDK/OTDK (Scientific Student Conference)Date of TDK:Rank:Date of OTDK:Rank:(Case) study competitionsDate of competition:Title of competition:Rank: |
| 3. | Teaching assistantship (’demonstrator’)Title of the course(s):University and department:Term and academic year:Teaching at special collegeTitle of course(s):Special college:Term and academic year:Departmental researchUniversity and department:Field of research:Date of research: |
| 4. | PublicationsTitle of publication:Title of journal:Number of pages:Date of publication: |
| 5. | Student organization / professional collegeName of the organization:Date and title of the position:Participation in student association ’diákkör’Name of the organization:Date and title of the position: |
| 6. | InternshipName and adress of company:Position:Date of internship:Reference contact details (name, position, e-mail address, telephone): |
| 7. | Tandem ProgramTerm and academic year:Points received:Participation in CEMS Club activitiesType of activity:Date: |
| 8. | Voluntary workName and address of company:Position:Date of voluntary work:Reference contact details (name, position, e-mail address, telephone): |

By submitting his / her application, the applicant assumes criminal liability for the information given in the application form and its annexes is correct and they correspond to reality. Please note that if you do not provide the correct information on the application form and its annexes, you may be excluded from the CEMS program.

Date: …………………………………….. …………………………………………

 signature