**APPLICATION FOR A DUPLICATE OF THE DIPLOMA/DIPLOMA SUPPLEMENT**

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| Name: |  |
| Name at birth: |  |
| Mother’s maiden name: |  |
| Citizenship: |  |
| Place and date of birth: |  |
| Permanent address: |  |
| Address for service: |  |
| Phone number: |  |
| E-mail address: |  |

**Data on previous studies:**

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| Institution: |  |
| Faculty: |  |
| Degree course: |  |
| Major/Specialization: |  |
| Start of studies: |  |
| End of studies: |  |
| Year of issue of the certificate/certificate supplement: |  |
| Training level: | □ Higher Education Vocational Training □ Bachelor's degree □ Master's degree  □ Specialized further training |
| Type of training: | □ correspondence □ full-time □ evening |
| Form of financing: | □ State scholarship □ Fee-paying  □ State part-scholarship □ Self-funded  □ State funded |

Please mark with an X the type of document you wish to have issued (only one answer)

□ Duplicate of the original diploma

□ Diploma Supplement in Hungarian

□ Diploma Supplement in a foreign language (English or language of training)

Justification:

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I declare that the information I have provided is true and correct.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_