**APPLICATION FORM FOR PARTIAL KNOWLEDGE TRAINING**

Submission deadlines:

* autumn semester: 15 August
* spring semester: 15 January

I request admission to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the spring/autumn semester [[1]](#footnote-1),

to acquire partial knowledge in the field of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ via full-time/correspondence training.

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| --- | --- |
| Name: |  |
| Name(s) at Birth/Maiden Name: |  |
| Mother’s Name: |  |
| Nationality: |  |
| Place and Date of Birth: |  |
| Taxpayer Identification Number: |  |
| Permanent Address: |  |
| Postal Address: |  |
| ID Card Number/Passport Number: |  |
| Phone Number: |  |
| E-mail Address: |  |
| The Document Certifying Secondary Education: |  |
| Number: |  |
| Serial Number: |  |
| Date: |  |
| Issuing Institution: |  |

|  |  |  |
| --- | --- | --- |
| Subject Code | Subject | Academic Year and Semester, in which the applicant intends to complete the subject |
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**The applicant must pay 4000,- Ft/credit for each subject.**

Upon admission to a partial knowledge course, I acknowledge that I must pay the fee indicated in the admission decision by the payment deadline via Neptun.

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

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

1. underline applicable [↑](#footnote-ref-1)