

## Application form

### Medical Hungarian Language Examination for international students residency program

**Date of examination: 29 May 2025**

Serial number: (filled in by the university) .....

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Data of the applicant (filled in by the applicant)

**First name:**

**Last name:**

**Date of birth:**

**Place of birth:**

**Passport or ID number:**

**Email address:**

**University and year of graduation:** (if applicable)

**University of current studies:** (if applicable)

**Grade/Year of current studies:** (please underline if applicable) Year 5                      Year 6

**Place of examination:** (please underline)    Budapest            Debrecen            Pécs    Szeged

**The deadline of submission is 30 April 2025.**

I take note of the information contained in the Examination Guide

(<https://drive.google.com/file/d/1FrSvZOQB0oVBcNgh4Zb5DdfNeu8DCbP2/view?usp=sharing>) and I agree to the transfer of my data to the Coordinating Office of the Language Examination in compliance with the data management rules. I declare that the personal data provided in my application form are accurate and correspond to the data on my passport/identity card. In the event of any discrepancy, I accept financial and moral responsibility for any resulting damage.

Date of submission: .....

.....  
signature

You can submit the application form personally at 35 Kossuth Lajos sgt., Szeged (Premed Building) in office hours or via email ([rnv.szeged@gmail.com](mailto:rnv.szeged@gmail.com)) until the deadline (30 April 2025).