6. sz. melléklet

Testnevelési Egyetem

Intézményi azonosító: FI 89399

Registration form

Personal data of the student

|  |  |  |
| --- | --- | --- |
| Stipendium Hungaricum Scholarship: |  |  |

|  |  |
| --- | --- |
| Name: |  |
| Citizenship: | Mother’s name: i |
| Date of birth: | Place of birth: |
| Program number: | Supervisor: |

## Adatlap:

|  |  |  |
| --- | --- | --- |
| Address: | | |
| Email address: | Mobil: | |
| Workplace: | | Tel/fax: |
| Address: | | |
| Diploma: | Number and date of the diploma: | |
| Name of University: | | |

Date: Budapest, .....................................

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 PhD Student’s Signature