

FI80798

**EÖTVÖS LORÁND UNIVERSITY**

**Application for initiating doctoral procedure**

I the undersigned hereby request the initiation of the doctoral procedure in the academic discipline of in the academic field of at the Doctoral School of

**I. Required fields:**

**Applicant’s name:**

**Mother’s maiden name:**

**Birth name:**

**Citizenship:**

**Place of birth** (City/Country):

**Year of birth:** **Month:**

**Day:**

**ELTE Electronic Registration System identification code:**

**Home and correspondence address (if not recorded in the Student database or changed):**

**Language proficiency:**

**Language 1:**

**Language 2:**

**Level/type:**

**Level/type:**

**Certificate no., Date of Issue:**

**Certificate no., Date of Issue:**

**Name of doctoral school (doctoral programme) to issue pre-degree certificate:**

|  |  |
| --- | --- |
| **Pre-degree certificate date of issue:** |  |
| **Language of doctoral programme:** HUN/foreign ([please specify] ) language\* |  |
| **Doctoral programme type:** State-financed/Self-financed \* |  |
| **Name, academic degree of topic supervisor:** |  |
| **Topic supervisor’s place of employment:** |  |
| **Language of doctoral procedure:** HUN/foreign ([please specify] ) language  |  |

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\*Underline the relevant

**Declaration:**

I hereby declare that I do not have an ongoing doctoral procedure in the academic discipline of my doctoral dissertation, and that I have not had an unsuccessful defence of my doctoral dissertation within the last two years.

**II. Optional fields\*\***

**Phone number:** **E-mail address:**

**Employer name:**

**Work address:**

**Work phone number:**

I declare under penalty of perjury that in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

**Budapest, ………, 20…**

**Applicant’s signature**

**proposal for the assessment committee**

Chairperson of the Board, (full-time university professor at ELTE / professor emeritus), email address:

Official opponent 1 (from ELTE), academic degree, email address:

Official opponent 2 (outside ELTE), academic degree, email address:

Secretary of the Board, academic degree, email address:

Member of the Board, academic degree, email address:

Subsidiary members of the Board:

1.) Name, academic degree, email address:

2.) Name, academic degree, address:

Signature of the Head of the Doctoral Programme:

Signature of the Head of the Doctoral School:

\*\*Filling out the fields under part II is not mandatory but the details will be useful in later administrative procedures. By signing this application form the applicant agrees to the University’s handling of the details provided.