



FI80798

EÖTVÖS LORÁND UNIVERSITY
Application form for Comprehensive Examination

I, the undersigned, requesting my participation on the Comprehensive Examination of
the Doctoral School of _____, Doctoral Program of _____

Name of applicant:

Birth name:

Mother's name:

Citizenship:

Birth place (city/county/country):

Birth date (DD/MM/YYYY):

Student identifier code (NEPTUN):

Identity Card Number in absence of ELTE identifier code:

Address:

Telephone number:

E-mail address:

Language of the doctoral training:

Type of doctoral training: state-funded self-paying

Name of the department responsible for the doctoral training (Institute, Research
Institute):

Name and academic degree of the supervisor:

Workplace of the supervisor:

Language of the doctoral procedure:

Title of the dissertation:

Date:



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**PROPOSAL FOR THE COMITEE AND TOPICS OF THE COMPREHENSIVE
EXAMINATION**

Name of the applicant:

Doctoral School:

Doctoral training programme:

Title of the dissertation:

Name and academic degree of the supervisor:

Members of the exam comitee:

Name and address of the Chairman of the Board (university professor / emeritus professor / associate professor with habilitation):

Board member 1, academic degree, address:

Board member 2 (outside the university), academic degree, address:

Supplementary board member, academic degree, address:

Topics of the theoretical part of the comprehensive examination

Main topic:

Subsidiary topic: