UNIVERSITY
International Studies
נותנים תואר להצלחה

Application and declaration for the Hungary Premed Course

First name: _____ **last name:** _____

Citizenship: _____ **Passport number:** _____

E-mail: _____@_____

Mobile No. : 0_____- _____

I am registering for the Premedical course in Hungary on the (please check the box)**:**

☐ **Budapest** October 2019 ☐ **Szeged** October 2019 ☐ **Pecs** October 2019

☐ **Budapest** January 2020 ☐ **Pecs** January 2020

I declare and aware of the following (please check the box)**:**

☐ By signing this document of my own free will, I declare that the only official representative/ agent helping me in the application process is University International studies –Israel

☐ I need to hand in all the registration documents

☐ I aware of the following application fee to each premedical student studies.

☐ **All application and exam fees are nonrefundable after payment.**

I apply to the following universities (please check the box)**:**

☐ Budapest premed (McDaniel College) Application fee:	200 €
☐ Szeged University premed Application fee:	200 €
☐ Pecs university premed Application fee:	200 €

_____ _____ _____

Full Name **Signature** **Date**

Please send the form: by **0534450446 or** **apply@uis.co.il**