BUDAPEST UNIVERSITY OF TECHNOLOGY AND ECONOMICS

FACULTY OF ARCHITECTURE

Pál Csonka Doctoral School of Architecture

ENROLLMENT SHEET

**Required information:**

|  |  |
| --- | --- |
| School year: 20 /20 Semester: spring / fall\*  | active / passiv status\* |
| Name (first name, surname):  |
| Financial status: State scholarship / Stipendium Hungaricum / tuition fee\* |
| E-mail address\*\*:  |
| Phone number:  |
| Notification address:  |

\* Please underline the choice

\*\* Since the Doctoral School will be communicating via e-mail during the semester, please give an e-mail address where You can reliably recieve official informations.

**Information required only in the first semester (or in case they have changed):**

|  |
| --- |
| Number, date and institute of diploma: |
| Tax identification number: |
| Social Security number („TAJ”): |
| Bank name and account number: |
| Marital status: |
| Nationality: |
| Permanent address: |
| In case of attending another course, datas (University, Faculty, degree): |
| In case of attending another course, current status:\* active / passive semesterState scholarship / Stipendium Hungaricum / tuition fee full time / correspondence training |

*I give my explicit consent for the University as a data controller to keep track of my personal data to the extent necessary and to forward these data to specific places prescribed by law.*

**Budapest, *year. month. day.***

signature