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**Application Form**

**Psychology BA**

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| --- | --- |
| Family Name:  |  |
| First Name 1:  |  |
| First Name 2:  |  |
| Name at Birth (if different from the present one):  |  |
| Sex:  |  |
| Place (city/town) of Birth:  |  |
| Date of Birth  |  |
| Country of Birth  |  |
| Citizenship 1:  |  |
| Citizenship 2:  |  |
| Nationality:  |  |
| Mother’s maiden name:  |  |
| ID card number: |  |
| Passport number:  |  |
| Place of issue:  |  |
| Date of issue:  |  |
| Date of expiry:  |  |
| Mobile number:  |  |
| E-mail: |  |
| Name of Secondary School (of matriculaton) |  |
| English language knowledge: |  |
| Place of Residence: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Postal Code: |  |

Along with this application form, please send your

1. Secondary school certificate (matriculation document)

2. B2 CEFR-level (or equivalent) internationally recognized English language exam certificate

3. Curriculum Vitae (CV)

4. Motivation letter

to psie@kre.hu