



DEBRECENI NYÁRI EGYETEM – DEBRECEN SUMMER SCHOOL

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APPLICATION FORM – PRE-SUMMER HUNGARIAN LANGUAGE COURSE

Reg. No.: 00334-2009

Institute Accreditation No.: AL-2139

Please fill in both sides of the application form in **BLOCK CAPITALS**.

PERSONAL DETAILS		
Family name:	Gender:	Please attach a passport photo here, and enclose another one for your Summer School identity card.
First name(s):		
Home address:		
Mailing address:		
E-mail:		
Phone:	Citizenship:	
Fax:	Mother tongue:	
Date of birth:	Occupation:	
ID card number:	Workplace:	

I WISH TO APPLY FOR DEBRECEN SUMMER SCHOOL'S

LANGUAGE COURSE	Date:
PRE-SUMMER HUNGARIAN LANGUAGE COURSE	<input type="checkbox"/> 1-7 June 2014 (40 class units)

KNOWLEDGE OF HUNGARIAN

Have you ever studied Hungarian? Where and for how long? _____

Have you ever participated in a course at Debrecen Summer School? If so, when? _____

Your knowledge of Hungarian, based on your own assessment:	What coursebooks (if any) have you used?	Preferred language of instruction:
<input type="checkbox"/> beginner – A1	<input type="checkbox"/> Hungarolingua Basic Level 1: unit ____	<input type="checkbox"/> English
<input type="checkbox"/> elementary – A2	<input type="checkbox"/> Hungarolingua Basic Level 2: unit ____	<input type="checkbox"/> German
<input type="checkbox"/> pre-intermediate – B1	<input type="checkbox"/> Hungarolingua 1: unit ____	
<input type="checkbox"/> intermediate – B2	<input type="checkbox"/> Hungarolingua 2: unit ____	
<input type="checkbox"/> upper-intermediate – C1	<input type="checkbox"/> Hungarolingua 3: unit ____	
<input type="checkbox"/> advanced – C2	<input type="checkbox"/> Lépésenként magyarul 1: unit ____	
<input type="checkbox"/> proficiency (native Hungarian) – C2	<input type="checkbox"/> Lépésenként magyarul 1: unit ____	
	<input type="checkbox"/> Other:	

ACCOMMODATION

What kind of accommodation do you require?	If you require accommodation:
<input type="checkbox"/> single room in a hotel (for assistance please contact the Summer School Staff)	Arrival: ____ (day) ____ (month)
<input type="checkbox"/> double room in a hotel (for assistance please contact the Summer School Staff)	Departure: ____ (day) ____ (month)
<input type="checkbox"/> no assistance needed	

PAYMENT

At the time of applying for the course, I pay **the registration fee**

- by **bank card** (VISA/MASTERCARD). Please provide the following information: card number, expiry date, CVV2 number (a 3-digit number in the signature section on the back of the card)
- by **bank transfer** to the account number of the Debrecen Summer School (receipt or proof of payment enclosed, OUR).

Account number:

For transfers from Hungary:

11600006-00000000-04165015 (if you pay **in Euro**),

11600006-00000000-02994114 (if you pay **in HUF** or **in any other currency** than Euro).

Bank address: ERSTE Bank Hungary Nyrt., H-4032 Debrecen, Egyetem tér 1.

For transfers from foreign countries:

Swift code: GIBAHUHB

IBAN: HU16 1160 0006 0000 0000 0416 5015 (if you pay **in Euro**),

IBAN: HU06 1160 0006 0000 0000 0299 4114 (if you pay **in HUF** or **in any other currency** than Euro).

Bank address: ERSTE Bank Hungary Nyrt., H-4032 Debrecen, Egyetem tér 1.

Please indicate the name of the participant on the proof of payment.

Payment of the **remainder of the course fee** not included in the registration fee:

- I will pay **on arrival** in HUF or EUR at the Summer School office
- I will pay it by **bank card** on arrival. (VISA/MASTERCARD)
- I will **transfer** the fee to the bank account indicated above.

Please make sure that you provide the correct invoice details (name and address), as we are not able to reissue invoices. If you do not give us invoice details, your invoice will automatically be issued to your own name and address.

I would like the invoice to be made out to the following name and address:
Name:
Address:
Contact person:

Comments and special requests:
I heard about Debrecen Summer School from

By signing this document (or, if sent by email, by sending it) an adult training agreement shall be established between the applicant and our institution.

Date:

Signature:

Not necessary if sent by e-mail.