

PLACE OF  
PHOTO

**UNIVERSITY OF PÉCS FACULTY OF HEALTH SCIENCES**  
**APPLICATION FORM FOR THE FRANKFURT SCHOLARSHIP**

NAME:			
PLACE AND DATE OF BIRTH:			
ADRESS:			
E-MAIL:			
PHONE NUMBER:			
SPECIALIZATION:			
ACADEMIC YEAR:			
LEVEL OF LANGUAGE SKILLS: (Please circle the ones that apply to you.)			
GERMAN:	A2	B2	C1
OTHER:	A2	B2	C1
DO YOU HAVE A LANGUAGE EXAM CERTIFICATE? (if yes: what language? the exact name of the language certificate? results?)			
APPLICATION FOR: 2019. SEPTEMBER, OCTOBER, NOVEMBER 2020. FEBRUARY, MARCH, JULY, AUGUST (underline the adequate)			
LAST 2 SEMESTERS' GPA(grade point average): (with index copy)			
SCIENTIFIC ACTIVITY (if you have):			

WHAT PRACTICAL EXPERIENCES DO YOU HAVE ACCORDING TO YOUR SPECIALIZATION?

COMMUNITY ACTIVITIES (STUDENT MENTOR, ETC.):

WHY DO YOU APPLY/WHAT IS YOUR MOTIVATION? (In a few sentences explain why you are applying, how you will use the new experiences which you will gain abroad, what future plans, ideas you have, etc.)

Date:

Sign:

Documents required:

1. Recommendation from the head of the faculty or department, or from the department's team leader,
2. The grade average results of the last two semesters with an index copy