**Óbudai Egyetem**

**1034 Budapest, Bécsi út 96/B.**

**Intézményi azonosítószám: FI 12904**

**Ikt.sz.:……………………………………**

APPLICATION FORM FOR COMPLEX EXAM

To the Council of Doctoral School on Safety and Security Sciences – Obuda University

I, the undersigned, certify according to the 24. § of the Doctoral Regulation I fullified the necessary conditions for take the complex exam, based on this I ask for authorization of the exam process.

First Name:

Surname:

Place and Date of Birth: …………………..…………………..…….. Nationality:

Mother’s Name:

Employed at:

Present Address:

Permanent Address:

Phone Number: ……………………………….…………E-mail Address:

University of Graduation (university/city/country):

Number of Graduate Certificate:

Issuing date of Graduate Certificate:

Language Knowledge:

1. language level Certificate no.

2. language level Certificate no.

Title of the Doctoral Thesis:

Proposed subjects: 1. (Main Subject): ……………………………………………………

 2. (Subject): ………………………………………………….................

 3. (Subject): ……………………………………………………………...

Budapest, ……………………………………..

 ……………………………………………

Sign of the Candidate