



**MAKOVECZ STUDENT
SCHOLARSHIP PROGRAM**



**2017/2018
UNIVERSITY OF NOVI SAD
HUNGARIAN LANGUAGE TEACHER TRAINING FACULTY,
SUBOTICA**

APPLICATION FORM FOR MAKOVECZ PROGRAM OUTGOING STUDENT EXCHANGE

NAME AND SURNAME:		
DATE OF BIRTH:		
PLACE AND STATE OF BIRTH:		
CITIZENSHIP:		
Unique Personal Identification Number (JMBG):		
SEX:	M	F
CURRENT ADDRESS:		
PERMANENT ADDRESS (if different):		
TELEPHONE AND MOBILE PHONE:		
E-MAIL: (valid e-mail, preferably on UNS network)		

HOME UNIVERSITY: UNIVERSITY OF NOVI SAD

HOME FACULTY:	
DEPARTMENT AND STUDY PROGRAMME:	
CURRENT LEVEL OF STUDY: (Bachelor, Master, PhD)	
PLANNED LEVEL OF STUDY DURING MOBILITY: (Bachelor, Master, PhD)	
CURRENT YEAR:	
GRADE POINT AVERAGE:	
HAVE YOU ALREADY BEEN STUDYING ABROAD? <u>IF YES, AT WHICH UNIVERSITY?</u>	



MAKOVECZ STUDENT SCHOLARSHIP PROGRAM



HOST UNIVERSITY:

HOST UNIVERSITY / COUNTRY:	
HOST FACULTY:	
STUDY PROGRAMME (AND SUBJECT CODE)	
MOBILITY DURATION IN MONTHS:	
MOBILITY SEMESTER (WINTER / SPRING / WHOLE YEAR)	
<i>PURPOSE OF YOUR MOBILITY please indicate either a) or b) or both</i>	
a) ATTENDANCE OF COURSES (if yes, please specify the courses you would like to attend in a separate document – proposal of the <u>Learning Agreement</u>)	
HAS THE ECTS ACADEMIC COORDINATOR AT YOUR FACULTY CONFIRMED THE COMPATIBILITY OF THE STUDY PROGRAMMES?	
NAME OF THE ECTS ACADEMIC COORDINATOR AT YOUR FACULTY:	
b) PART OF WRITING THE FINAL THESIS (if yes, please give the name of the mentor at the home institution and specify the area research for the thesis)	
HAVE YOU ALREADY FOUND THE MENTOR AT THE HOST INSTITUTION?	



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Please state all the documents you are submitting together with the application form:

- 1)
 - 2)
 - 3)
 - 4)
- Etc.

I hereby state that my study period abroad within Makovecz Program shall not be financed by other sources originating from of the Ministry of National Resources of the Hungarian Government.

Signature:

Place and date: