



## Application for Study Abroad at Central European University in Budapest, Hungary

Central European University (CEU) in Budapest ([www.ceu-budapest.edu](http://www.ceu-budapest.edu)) is a graduate university located in the heart of Budapest in Hungary with almost 1000 MA and Ph.D. students from more than 70 countries. CEU is accredited in the US by the Commission on Higher Education of the Middle States Association of Colleges and Schools through a charter from the Board of Regents of the University of the State of New York and the state Education Department. The language of instruction and communication at CEU is *English*. Hungarian, German, Spanish, Italian, French, Russian, Arabic, Latin and Greek language courses are also available.

Study abroad at CEU is an elite program for advanced undergraduate students from various countries and regions to study at CEU for one semester or a year. More information the program can be found at [www.ceu.hu/studyabroad.html](http://www.ceu.hu/studyabroad.html)

**Graduate Studies for North American Undergraduates:** Study abroad at CEU is a unique opportunity for advanced undergraduates to participate directly in graduate-level programs offered as part of CEU general graduate curriculum.

**Service Learning program:** CEU offers students the opportunity to participate in the Professional Internship Program in Budapest. More information about the CEU Professional Internship Program and the application form can be found at [www.ceu.hu/studyabroad.html](http://www.ceu.hu/studyabroad.html)

**Academic credits:** CEU issues transcripts and provides credits for its study abroad program to students from outside the North American region.

**Scholarships:** CEU offers several scholarships to assist students in paying for their study abroad at CEU. A scholarship application is included in this package.

**Application:** When filling out the application, please ensure that it is completed in full, typed or printed legibly. Statement of Purpose must be typed. In addition, please make sure that all supplementary materials have been provided. For your convenience, an application checklist is included at the end of the application packet. Note that this checklist must be completed, signed, and submitted with the application packet.

**Academic transcript(s):** One official academic transcript per post-secondary institution attended must be included into the application package.

**Passport copy:** Please include a copy of your passport, ensuring that it is valid at least six months after your planned return date.

Study abroad at CEU works on the basis of rolling admissions. Primary consideration is given to students who apply before April 1 for the Fall semester and November 1 for the Spring semester. Applications will be processed in the order in which they are received, and applicants will be notified accordingly.

**This booklet contains:** Application for Admission with Statement of Purpose, Institutional Approval, Academic Recommendation, Scholarship Application, Applicant's Health Statement, Physician's Medical Statement, and Application Checklist.

Thank you for your interest in study abroad at CEU. We look forward to reviewing your application. Please return this completed form to the address below Att: Monica Jitareanu.

**Central European University**  
Study Abroad Program

Nador ut. 9, Budapest, H-1051, Hungary

Tel: (36-1) 327-3000 ext.2462; Fax: (36-1) 235-6140; E-Mail: [studyabroad@ceu.hu](mailto:studyabroad@ceu.hu);

Web: [www.ceu.hu/studyabroad.html](http://www.ceu.hu/studyabroad.html)



Application for Admission to Study Abroad  
**Central European University**  
in Budapest, Hungary

Semester(s) intending to study at CEU: Fall 20\_\_\_\_ Spring 20 \_\_\_\_

**PERSONAL DATA**

Legal name: \_\_\_\_\_  
*Last* *First* *Middle*

If you prefer to be called by another name, please note: \_\_\_\_\_ Sex: F M

Permanent address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City* *Country* *Zip*

\_\_\_\_\_ *Phone* *Cell Phone* *Fax* *E-mail*

Current mailing address (if different from above):

\_\_\_\_\_ *Street*

\_\_\_\_\_ *City* *Country* *Zip*

\_\_\_\_\_ *Phone* *Cell Phone* *Fax* *E-mail*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
*(month/day/year)* *(city, state, country)*

Country of citizenship: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_  
*(month/day/year)* *(month/day/year)*

First language, if other than English: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

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IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

EDUCATIONAL DATA

College or university you now attend: \_\_\_\_\_

College address: \_\_\_\_\_

City Country Zip

College phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Expected year of graduation Major GPA (on the scale of)

Academic adviser: \_\_\_\_\_

Name Title Phone

List all post-secondary institutions at which you have taken courses for credit. **Please have an official transcript sent from each institution as soon as possible.** If you have been out of school, describe your recent activities. Attach additional sheets if necessary.

INSTITUTION	LOCATION	DATES OF STUDY	DEGREE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

Will you receive scholarship funds or other financial aid from your current institution while participating in study abroad at CEU?                      Yes      No

If yes, specify the types and the amount of aid:

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Please specify any other types and the amount of aid expected or received from other institutions while participating in study abroad at CEU:

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**AUTHORIZATION**

The following section is to be completed by the applicant.

I certify that all information in this application is complete and accurate. I understand that Central European University reserves the right to dismiss any student who does not meet the school's academic and general behavior standards and that any student who is dismissed for this reason waives any refund of tuition. Central European Univeristy also reserves the right to cancel or revise its program as necessary.

Date

Signature

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## STATEMENT OF PURPOSE

Please describe the reasons why you wish to study at Central European University in Budapest. Indicate the department/program that you wish to study in and the courses you are interested in taking at CEU. Explain how study at CEU will help you in your future undergraduate and graduate studies. Please limit the content to 500 words. The essay must be typed.

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Scholarship Application  
**Central European University**  
in Budapest, Hungary

Applicant's name: \_\_\_\_\_

Scholarships are available to assist students in paying for their studies at Central European University. Do you wish to be considered for a scholarship?      Yes      No

If yes, choose the type of scholarship that applies to you:

**State School Scholarships:** scholarships available to students attending a public college or university;

**Equalizing Cost Scholarships:** scholarships that, whenever possible, cover the cost difference between a semester at the home college or university and a semester at CEU; (Please submit official documents confirming your or your parents' annual salary and total annual costs of your current education);

**Hungarian Scholarships:** scholarships available to students of Hungarian origin (Please submit a 200-250 word essay demonstrating you /your family's connection to Hungary and why attending CEU is important to you);

**Merit Scholarships:** Merit scholarships for students participating in study abroad at CEU (based on a transcript, a statement of purpose and one recommendation letter that are submitted as a regular part of the application).

Semester(s) intending to study at CEU:    Fall 20\_\_\_\_\_    Spring 20 \_\_\_\_\_

Name: \_\_\_\_\_

*Last*

*First*

*Middle*

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Permanent address:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Zip*

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Student Health Statement  
**Central European University**  
in Budapest, Hungary

A study abroad program can be both physically and emotionally stressful. Please provide an honest evaluation of your physical health by answering the following questions. If you answer yes to any of these questions, explain below or on a separate sheet of paper, describing the details of the condition or treatment, including any medication taken. **Please type or print neatly in black ink.**

Date \_\_\_\_\_

Applicant's name \_\_\_\_\_

Date of birth \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Do you have any dietary restrictions or known food allergies?   | Yes | No |
| 2. Do you have any physical disabilities or impairments that might cause hardship as a result of a change in diet or strenuous travel, or that might otherwise affect participation in a study abroad program? | Yes | No |
| 3. Have you ever been diagnosed with any kind of learning disability?  | Yes | No |
| 4. Are you currently undergoing treatment for any condition?   | Yes | No |
| 5. Are you taking any medication?  | Yes | No |
| 6. Are there any concerns relating to your health or your family's health history that you would like us to know about?  | Yes | No |
| 7. Have you ever had any of the following:   |     |    |
| a. A surgical operation or have you been advised to have one?  | Yes | No |
| b. Treatment in a hospital or mental institution?  | Yes | No |
| c. A major illness such as rheumatic fever or tuberculosis?  | Yes | No |
| d. Allergies to medication?  | Yes | No |
| e. Other allergies?  | Yes | No |
| f. Disorders not specified above, including eating disorders?  | Yes | No |
| 8. Do you have any conditions that could affect your adjustment to a new culture or to an academic program abroad?   | Yes | No |

Please explain below any "yes" answers to the questions above.

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Physician's Medical Statement  
**Central European University**  
 in Budapest, Hungary

This statement is to be completed by the applicant's physician.

**TO THE PHYSICIAN:** In evaluating the Applicant, please consider evidence of irritability, headaches, insomnia, depression, allergies, asthma, and other disorders, such as diabetes. Attach an extra page if necessary. Please type or print neatly in black ink.

Applicant's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
(month/day/year)

**IMMUNIZATION RECORD**

MMR Immunization dates \_\_\_\_/\_\_\_\_/\_\_\_\_; \_\_\_\_/\_\_\_\_/\_\_\_\_

Measles (rubeola) Immunization dates \_\_\_\_/\_\_\_\_/\_\_\_\_;

\_\_\_\_/\_\_\_\_/\_\_\_\_

or date of disease \_\_\_\_/\_\_\_\_/\_\_\_\_;

or measles titer \_\_\_\_/\_\_\_\_/\_\_\_\_

Rubella Immunization date \_\_\_\_/\_\_\_\_/\_\_\_\_

or rubella titer \_\_\_\_/\_\_\_\_/\_\_\_\_

Mumps Immunization dates \_\_\_\_/\_\_\_\_/\_\_\_\_;

or date of disease \_\_\_\_/\_\_\_\_/\_\_\_\_;

or mumps titer \_\_\_\_/\_\_\_\_/\_\_\_\_

Last DT booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Polio Ser. Comp. \_\_\_\_/\_\_\_\_/\_\_\_\_

PPD \_\_\_\_/\_\_\_\_/\_\_\_\_ | negative | positive

Chest X ray \_\_\_\_/\_\_\_\_/\_\_\_\_ | negative | positive

**Note:** The health service requires that all students undergo a PPD skin test. In the presence of PPD reaction measuring 10 mm x 10 mm diameter or greater duration, a chest X ray is required.

**VACCINATION DEFICIENCIES**

**Measles (rubeola)**

\_\_Vaccination not documented

\_\_Two-dose vaccination not documented

\_\_Vaccinated before 1968

\_\_Vaccinated prior to 12 months of age

**Rubella**

\_\_Vaccination not documented

\_\_Vaccinated before 1968

\_\_Vaccinated prior to 12 months of age

\_\_Titer result not given

**Mumps**

\_\_Vaccination not documented

\_\_Vaccinated prior to 12 months of age

\_\_Titer result not given

**Disease, Operation, or Injury Record**

**Period of Disability**

	From	To
	From	To

I have examined \_\_\_\_\_ and believe that this individual is physically and mentally qualified to study abroad. This individual is free from tuberculosis and presents no evidence of communicable disease, over fatigue, or any other condition that would impair participation in a study-abroad program.

Name of physician \_\_\_\_\_

Address \_\_\_\_\_

I certify that all information in this application is complete and accurate. Date \_\_\_\_\_

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Application Checklist  
**Central European University**  
in Budapest, Hungary

Applicant's name: \_\_\_\_\_

Indicate that you have completed all parts of the application packet by checking the boxes below, and sign at the bottom of the page. Applications without a signature will be considered incomplete.

**MANDATORY:**

- Application Form
- Statement of Purpose
- Institutional Approval for Study at Central European University
- One Academic Recommendation
- Official Academic Transcript from each College/University Attended
- Applicant's Health Statement
- Physician's Medical Statement
- Photocopy of Passport

**OPTIONAL:**

Scholarship Application (with requested documents)

I certify that all information in this application is complete and accurate. Date \_\_\_\_\_

*Central European University does not discriminate in education, employment, admission, or services on the basis of sex, sexual orientation, race, color, age, religion, national origin, or handicapping conditions.*

Please return this completed form by saving this file and e-mailing it to [studyabroad@ceu.hu](mailto:studyabroad@ceu.hu) or printing this form and mailing or faxing it to the address below:

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