



BEVÁNDORLÁSI ÉS
ÁLLAMPOLGÁRSÁGI
HIVATAL



Application for Residence Permit for the Purpose of Study

Authority receiving the application:		File Number: _ _ _ _ _ _ _ _ _ _	
		<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;">Photo</div>	
<input type="checkbox"/> Residence permit issued for the first time			
Place of Entry:			
Date of Entry: Year Month Day			
Number and Expiration Date of Residence Visa _____		<div style="border: 2px solid black; width: 400px; height: 50px; margin: 0 auto;">[Signature Specimen of Applicant (Legal Representative)]</div> <p>Please make sure your signature fits in the box.</p>	
Valid until: Year Month Day			
<input type="checkbox"/> Renewal of residence permit			
Number and Expiration Date of Residence Permit _____			
Valid until Year Month Day			
Place of Receipt of Document:			
<input type="checkbox"/> Applicant will receive the document <u>at the issuing authority</u> .		Phone:	
<input type="checkbox"/> Applicant will receive the document by <u>postal mail</u> .		E-mail:	
1. Applicant's Personal Data			
Family Name (as per passport):		Given Name(s) (as per passport):	
Family Name at Birth:		Given Name(s) at Birth:	
Mother's Family and Given Name(s) at Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Place of Birth: Year Month Day	Place of Birth (City):	Country:	
Citizenship:		Nationality (optional):	

Last permanent residence abroad:		
Qualification(s):	Highest Level of Education: <input type="checkbox"/> primary <input type="checkbox"/> secondary <input type="checkbox"/> higher education	Occupation (prior to arriving in Hungary):

2. Applicant's Passport Data		
Passport Number:	Place and Date of Issue:	
	Year	Month Day
Type of Passport:	Date of Expiration:	
<input type="checkbox"/> ordinary <input type="checkbox"/> service <input type="checkbox"/> diplomatic <input type="checkbox"/> other	Year	Month Day

3. Planned Duration and Purpose of Residence		
What is the purpose of requesting residence permit? How long do you wish the residence permit to be issued for?		
	Year	Month Day
4. Knowledge of Language(s):		
_____	language _____	level;
_____	language _____	level;
_____	language _____	level

5. Data of Applicant's Residence in Hungary						
Lot Number:	City/Town:			Name of Public Premises:		
ZIP code:						
Type of Public Premises:	House Number:	Building:	Staircase:	Floor:	Door:	
Legal Title to Residence:						
<input type="checkbox"/> owner <input type="checkbox"/> tenant <input type="checkbox"/> family member <input type="checkbox"/> by courtesy of the owner <input type="checkbox"/> other (please specify):						

6. Data of Host Educational Institution	
Name:	Type of Course:
	<input type="checkbox"/> Secondary Education <input type="checkbox"/> Bachelor
	<input type="checkbox"/> Master
	<input type="checkbox"/> Other Course of Study
Address of Host Institution:	

7. Data related to Cost of Living in Hungary

Type and Monthly Amount of Scholarship:	Available savings:
Any additional income/assets:	

8. Conditions of Return or Onward Travel					
Which country do you intend to return to or travel onward to after the expiration of your legal residence?				What means of transport do you intend to use?	
Do you have the necessary	passport?	visa?	ticket?	financial means?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, and the amount is:	<input type="checkbox"/> No

9. Applicant's Spouse, Child, Parent in Hungary					
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:		
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card	Number of Residence Document:
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:		
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card	Number of Residence Document:
Name/Relationship:	Place and Date of Birth:	Citizenship:	Legal Title to Residence:		
			<input type="checkbox"/> visa <input type="checkbox"/> residence permit <input type="checkbox"/> temporary settlement permit <input type="checkbox"/> EC permanent residence permit <input type="checkbox"/> other	<input type="checkbox"/> residence visa <input type="checkbox"/> permanent settlement permit <input type="checkbox"/> national permanent settlement permit <input type="checkbox"/> immigration permit <input type="checkbox"/> EU Blue Card	Number of Residence Document:

10. Other Data		
Are you covered by full health insurance for the duration of your stay in Hungary?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your application for residence permit ever been refused?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? If yes, please specify the country, date, the type of crime committed and the type of penalty imposed?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been expelled from Hungary? If yes, please specify the date.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Year	Month	Day

Are you aware of any disease or medical condition (such as HIV/ AIDS, tuberculosis, Hepatitis B, syphilis, leprosy, typhus or other that need permanent medical treatment) you have? Do you carry any of the following contagious diseases: HIV, Hepatitis B, typhus or paratyphus?

Yes No

If you are suffering from any of the above specified contagious diseases or medical conditions, do you receive an obligatory and regular medical treatment?

Yes No

Permanent or Habitual Residence (prior to arrival in Hungary):

Country:

City/Town:

Name of Public Premises:

Which country do you intend to return to or travel onward to after the expiration of your legal residence?

Country:

Type and Number of Travel Document (used for inward travel):

Do you hold a document entitling you to legal residence in another Schengen Member State? Yes No

Number and Expiration Date of Residence Permit:

I certify that the data and answers I have furnished on this form are true and correct to the best of my knowledge and belief. I fully understand that giving false information shall result in the rejection of my application.

Date:

.....

Signature of Applicant

Stamp Duty:

DO NOT WRITE IN THIS SPACE.

THIS SPACE IS TO BE FILLED OUT BY THE ACTING AUTHORITY.

In case the application is approved

I herewith certify that the Applicant's residence with the purpose of _____ has been approved until
____ (Year) ____ (Month) ____ (Day).

Date:

.....

(Signature of Officer, Seal)

Number of the Residence Permit Issued:

I hereby acknowledge the receipt of the above residence permit.

Date:

.....

(Signature of Applicant)

In case of extension, the number of the residence permit revoked: _____

In case the application is denied

Number of Denial Decision:

Date of Denial: ____ Year ____ Month ____ Day

Reasons for Denial (in brief):

In case the application procedure is terminated

Number of Termination Decision:

Date of Decision: ____ Year ____ Month ____ Day

Reasons for Termination (in brief):

INFORMATION

The application for residence permit is to be submitted personally together with the supporting documents proving compliance with criteria of residence. One passport photo and the administrative service fee at the rate stated by relevant legislation are to be attached to the application form. The applicant must present his/her valid passport when submitting the application form. The passport must be valid at the time of expiration of the entitlement to legal residence.

Documents to be enclosed to the application form:

- **document certifying the purpose of residence**
 - = certificate of admission or certificate of enrolment issued by tertiary educational institution
 - = document certifying student status issued by secondary educational institution
- **document certifying the legal title of residence**
 - = notarized copy of title deed not older than 30 days
 - = rental contract or document certifying courtesy use of flat
 - = certificate issued by student residence/ accommodation
 - = filled out address/ accommodation registration form signed by the property owner
- **document certifying financial background**
 - = certificate of scholarship disbursements
 - = in case of family member support: maintenance statement and a document proving the maintenance capacity
 - = bank statement
 - = certificate of disbursement of other regular income
 - = other document
- **document certifying full health insurance**

Please note that the aliens policing authority has the right to request the submission of further documents during the procedure in order to clarify the circumstances.