Registration Form

2025-2026 Academic Year

when missing information is acquired, it is to be sent to the following e-mail address: international.office@lisztacademy.hu

1. **Study data:**

|  |  |
| --- | --- |
| Major (Main Subject, instrument, field of studies): |  |
| Type of programme (guest, non-degree, etc.): |  |
| Financial status: | scholarship (type: )  self-financed |

1. **Personal data:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (as in your passport): |  | | |
| Name at birth (if different): |  | | |
| Mother’s full maiden name (at birth): | surname:  given name: | | |
| Place of birth: | city:  county/province:  country: | | |
| Date of birth: | (year) | (month) | (day) |
| Citizenship/Nationality: |  | | |
| Residence permit number: |  | | |
| Residence permit valid until: |  | | |
| Type of residence permit:  (studies, etc.) |  | | |
| Passport/ID card number: |  | | |
| Bank account number: |  | | |
| Owner of bank account: |  | | |
| Name of bank: |  | | |
| Address of bank: |  | | |
| BIC (Swift Code) of bank: |  | | |

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1. **Contact Information:**

|  |  |
| --- | --- |
| Permanent home address: | country:  zip code:  city:  street and street nr:  floor nr:  door nr: |
| Address in Hungary: | city:  zip code:  street and street nr:  floor nr:  door nr: |
| Phone number in Hungary: |  |
| Contact Person (family members only) in case of emergency: |  |
| Contact Person’s address: |  |
| Contact Person’s phone: |  |
| *tuition fee paying students only* Person responsible for settling the tuition fee (name, e-mail address): |  |

**4. Fire Protection and the Occupational Safety and Health regulations**

I comply and agree to the Fire Protection and the Occupational Safety and Health regulations.

(Must tick the box.)

I take responsibility that I shall communicate any changes in my data towards the Study Department on an official form received there. I hereby state that the above data are true. I know that making a false statement on this document renders me liable to measures.

Budapest, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of registration) signature