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 24-26. § 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:

Residence 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:

Supervisor’s name: …………………………………………………………………………………………………

Proposed subjects and related examiners:

1. (Subject and the name&email address of examiner teacher): …………………………………………………
2. (Subject and the name&email address of examiner teacher): …………………………………………….................
3. (Subject and the name&email address of examiner teacher): ………………………………………………………...

Date: ..

………………………………………………….. ………………………………………………

 Sign of Supervisor Sign of Candidate

**SUPERVISOR'S STATEMENT**

I declare that I have consulted with the committee members indicated on the application form in advance regarding their participation in the complex exam.

Date: ..

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Sign of Supervisor