

***Application for residence permit for the purpose of study***

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| **Authority receiving the application:** Click here | | | | File number: ׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀\_׀ | | | | | | | | | | | |
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| **Office recording the data included in the application:** Click here | | | |  | | | | | |  | | | |  | |
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| **Residence permit issued for the first time** | | | |  | | | | | | Photo | | | |  | |
| **Place of entry:** Click here | | | |  | | | | | |  | | | |  | |
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| **Date of entry:** | | | |  | | | | | |  | | | |  | |
| Year Year Year Month Year Day | | | |  | |  | | | |  | | | |  |  |
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| **Number and expiry date of residence visa** | | | |  | |  | | | | | | | | |  |
| **H** Click hereYear Year Year Month Year Day | | | |  | |  | | | | | | | | |  |
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| **Renewal of the residence permit** | | | |  | | [Specimen signature of the applicant (legal representative)] | | | | | | | | |  |
| **Number and expiry date of residence visa** | | | |  | | Please ensure your signature fits within the box. | | | | | | | | |  |
| **H** Click hereYear Year Year Month Year Day | | | |  | |  | | | | | | | | |  |
| **Place of receipt of the document:**  Applicant will receive the document at the issuing authority.  Applicant will receive the document by postal mail. | | | | | | | | | | | | | | | |
| **1. Applicant's personal data** | | | | | | | | | | | | | | | |
| **Family name (as per passport):** Click here | | | | | Given name (as per passport): Click here | | | | | | | | | | |
| **Family name at birth:** Click here | | | | | Given name at birth: Click here | | | | | | | | | | |
| **Mother's family and given name at birth:** Click here | | | | | Sex:  Male Female | | | **Marital status:** single widow | | | | married divorced | | | |
| **Date of birth:**  Year Year Year Month Year Day | | | Place of birth (city): Click here | | | | | | Country: Click here | | | | | | |
| **Citizenship:** Click here | | | | | Nationality (optional): Click here | | | | | | | | | | |
| **Last permanent residence abroad:** Click here | | | | | | | | | | | | | | | |
| **Qualification:** Click here | | | Highest level of education:  primary secondary higher education | | | | | | **Occupation prior to arriving in Hungary:** Click here | | | | | | |
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| **2. Applicant's passport data** | | | | | | | | | | | | | | | |
| **Passport number:** Click here | | | | | Place and date of issue:  Click here  Year Year Year Month Year Day | | | | | | | | | | |
| **Type of passport:** private official diplomatic other | | | | | **date of expiry:** Year Year Year Month Year Day | | | | | | | | | | |
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| **3. Planned period and purpose of residence** | | | | | | | | | | | | | | | |
| **For what period and what purpose are you applying for residence permit?** Click here | | | | | | | | | | | Year Year Year Month Year Day | | | | |
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| **4. Data of the applicant's residence in Hungary** | | | | | | | | | | | | | | | |
| **ZIP code:** Click here | City/Town: Click here | | | | | | Name of public space: Click here | | | | | | | | |
| **Type of public space:** Click here | | House number: Click here | Building: Click here | | Staircase: Click here | | | | Floor: Click here | | | | Door: Click here | | |
| **Legal title of residence:** **□** owner □ tenant □ family member □ by courtesy of the owner □ other (please specify): Click here | | | | | | | | | | | | | | | |

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| **5. Data of host educational institution** | | | | | | | | |
| **Name:** Click here | | | | | Type of education:  secondary education  bachelor  master   other training | | | |
| **Seat:** Click here | | | | | | | | |
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| **6. Data of costs of living in Hungary** | | | | | | | | |
| **Monthly amount of scholarship:** Click here | | | Available savings: Click here | | | | | |
| **Any additional income/asset:** Click here | | | | | | | | |
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| **7. Conditions of return or onward travel** | | | | | | | | |
| **Which country do you wish to return to or travel onward after the legal residence?** Click here | | | | | | What means of transport do you want to use? Click here | | |
| **Do you have the necessary** | **passport?**   yesno | **visa?**  yesno | | **ticket?**  yesno | | | **financial means?**  yes, and the sum is: Click here | no |

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| **8. Spouse, child, parent of the applicant in Hungary** | | | | | |
| **Name/Relationship:** Click here | Place and date of birth: Click here | Citizenship: Click here | Legal title of residence:  visa  residence permit  temporary residence permit  EC permanent residence permit   other | | residence visa   permanent residence permit  national permanent residence permit   immigration permit  EU Blue Card |
| **Name/Relationship:** Click here | Place and date of birth: Click here | Citizenship: Click here | Legal title of residence:  visa  residence permit  temporary residence permit  EC permanent residence permit   other | | residence visa   permanent residence permit  national permanent residence permit   immigration permit  EU Blue Card |
| **Name/Relationship:** Click here | Place and date of birth: Click here | Citizenship: Click here | Legal title of residence:  visa  residence permit  temporary residence permit  EC permanent residence permit   other | | residence visa   permanent residence permit  national permanent residence permit   immigration permit  EU Blue Card |
| **9. Other data** | | | | | |
| **Are you covered by full health insurance for the period of your stay in Hungary?**  yesno | | | | | |
| **Has your application for residence permit ever been refused?**  yesno | | | | | |
| **Have you ever been convicted for a crime? If yes, please specify the country, date, the type of crime committed and the type of punishment imposed?** yesno Click here | | | | | |
| **Have you ever been expelled from Hungary? If yes, please specify the date.**  yesno Year Year Year Month Year Day | | | | | |
| **To the best of your knowledge, do you suffer from HIV/AIDS, hepatitis B, tuberculosis, syphilis, leprosy, typhoid diseases, which need treatment, or are you a carrier of HIV, hepatitis B, typhoid or paratyphoid?**  yesno | | | | | |
| **If you suffer from any of the above diseases, or you are contagious with or a carrier of them, do you receive compulsory and regular medical treatment?**  yesno | | | | | |
| **Permanent or habitual residence prior to arrival to Hungary:**  Country: Click here  City/Town: Click here  Name of public space: Click here | | | | | |
| **What country do you wish to return to or travel onward after the expiry of your legal stay?**  Country: Click here | | | | | |
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| **I confirm that the above information is true and correct. I acknowledge that giving false information shall result in the rejection of my application.** | | | | | |
| Dated: ...................................................... | | | | ..................................................... Signature | |
| Duty stamp: | | | | | |

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| ***For official use only!*** | | |
| **In case the application is approved** | | |
| I allow the applicant to stay in Hungary for the purpose of ........................................................... | | |
| until \_\_\_\_\_\_Year \_\_\_\_Month \_\_\_Day. | | |
| Dated: ........................................................................ | ...................................................... (Signature, seal) |  |
| Number of the residence permit issued: □□**□□□□□□□** | | |
| I have received the residence permit. | | |
| Dated: ........................................................................ | ...................................................... (Applicant's signature) |  |
| In case of renewal, the number of the residence permit revoked: □□□□□□□□□ | | |
| **In case the application is rejected** | | |
| Number of rejecting decision: ........................................... | | |
| Date of rejection: \_\_\_\_\_\_Year \_\_\_\_ Month \_\_\_ Day | | |
| Reasons for rejection (briefly): | | |

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| **INFORMATION** |
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| The application for residence permit can be submitted in person, not later than 30 days before the expiry of legal stay, at the regional directorate competent over the accommodation, together with all relevant documents. One passport photo has 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 for the duration of the residence permitted. |
| **Annexes to be attached to the application form:** |
| - **document certifying the purpose of residence** |
| = admission certificate issued by the educational institution |
| = document certifying student status |
| - **document certifying the legal title of residence** |
| = certificate of accommodation of dormitory |
| = certified copy of title deed in the case of own property |
| = tenancy agreement |
| = document certifying courtesy utilisation of the flat |
| = other document |
| - **document certifying financial background** |
| = certificate of scholarship disbursements |
| = bank certificate |
| = other document |
| - **document certifying full health insurance** |
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| ***The aliens policy authority has the right to ask for any further document during the process in order to clarify the***  ***circumstances!*** |
| When applying for the renewal of the residence permit, if the conditions that have served as basis for issuing the residence permit are unchanged, the applicant does not have to attach the documents certifying these circumstances again |
| The applicant can ask the proceeding aliens policy authority to obtain the certificate concerning the data indicated by the applicant from another competent authority. This part of the application is considered as an approval to manage and forward your personal data. If the aliens policy authority obtains the necessary data, the applicant has to pay the related service fees to the aliens policy authority. |