ÉRTELMISÉGI SZAKSZERVEZETI TÖMÖRÜLÉS

1146 Budapest Thököly út 58-60.

Phone: +36-1-473-1429 Fax: +36-1-302-6683

E-mail: eszt@eszt.hu

**APPLICATION FORM**

I submit my application for the 20….

**DURA LÁSZLÓ**

thesis competition

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Academic qualifications |  |
| Place and date of birth |  | Mother’s maiden name |  |
| Tax identification number |  | Nationality |  |
| Address |  |
| Postal address |  |
| Phone |  | E-mail |  |

|  |  |
| --- | --- |
| Title of thesis |  |
| Category (please underline) | BSc MSc Further training |
| Internal supervisor(s) |  |
| External supervisor(s) (if any) |  |
| Name of academic institution |  |
| Address of academic institution |  |
| Date of dissertation defense |  |

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

 Place Date

................................................................

**signature of applicant**