



Application and declaration for Premed Course

First name: _____ last name: _____

Citizenship: _____ Passport number: _____

E-mail: _____@_____ Mobile Number: _____

I am registering to the following Premedical course: (please check the box)

	Course location	Application Fee	Tuition Fee	Registration Deadline
September / October 2020	<input type="checkbox"/> Budapest 30 September 2020	200 €	6580 €	August 14 th
	<input type="checkbox"/> Szeged 14 September 2020	200 €	6200 €	September 1 st
	<input type="checkbox"/> Pecs 30 September	100 €	6500 €	July 15 th
	<input type="checkbox"/> Israel 18 October	1000 NIS	10,000 NIS	October 1 st
January 2021	<input type="checkbox"/> Budapest 6 January 2021	200 €	6500 €	November 12 th
	<input type="checkbox"/> Pecs 6 January 2021	100 €	4200 €	November 30 th
	<input type="checkbox"/> Israel 10 January	1000 NIS	10,000 NIS	December 1 st
March / April 2021	<input type="checkbox"/> Israel 28 March	1000 NIS	10,000 NIS	March 1 st

I declare and aware of the following (please check the box):

- University International studies (UIS) is my official representative and caring out my application.
- I will send all registration documents by the deadline to: info@uis.co.il
- For Pecs and Szeged University pre-med English exam is required.
- I aware of the following application fee. **Application fees are nonrefundable after payment.**

Full Name

Signature

Date