



REGISTRATION FORM

DExam Vizsgaközpont
4032 Debrecen, Komlössy út 56.
Tel: (52) 519-900/23031
E-mail: dexam@unideb.hu
Website: www.dexam.unideb.hu

Personal data

Please fill in the form on the basis of your passport or identity card. Your exam certificate is issued based on the data given here.

Surname: First name(s):

Mother's maiden name: Sex: M F

Date of birth: (day) (month) (year)

Place of birth: (city) (country)

Mother tongue: Identity card/passport number:

Occupation: secondary school student / college/university student / employee / other:

If you are a student of Debrecen University enter your EHA code: .DE

Exam data

Exam session: 200. January–February / May–June / October–November

Type: **Complex (C)** / **Oral (A)** / **Written (B)**

Level:	Module:
Elementary B1	– <input type="checkbox"/>
Intermediate B2	Arts <input type="checkbox"/>
	Science <input type="checkbox"/>
Advanced C1	Arts <input type="checkbox"/>
	Science <input type="checkbox"/>

Candidates with disability(ies) or chronic illness(es) should detail their special requirements here:

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

If is possible, I would like to take my Speaking Test with the candidate named below:

..... (name) (identity card/passport number)

If is possible, I would like to take the Complex Exam (C) / Oral Part (A) on the same day.

Mailing address

(postcode) (city)

..... (street) (house number)

Telephone: - - E-mail:

I would like to be notified of the date and place of the exam by post / by e-mail .

I would like to receive the Exam Certificate by post / in person in the Exam Centre .

Declaration

DExam Exam Centre assumes an obligation to manage personal data of the candidates pursuant to the Government Decree (1992) (LXIII).

Candidates consent to the management of their personal data in the above mentioned manner as well as the forwarding of the data to the Language Examination Accreditation Centre.

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Candidate's signature