**RESIDENCE PERMIT FOR THE PURPOSE OF STUDY**

**SUBMITTED**

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| **GENERAL ENCLOSURES** | YES | NO |
| Duly filled and signed application form for residence permit and Appendix 9.13 –find it on the website of National Directorate-General for Aliens Policing of Hungary :  <http://oif.gov.hu/index.php?option=com_k2&view=item&layout=item&id=2210&Itemid=2435&lang=en> |  |  |
| Valid passport and the previous (old) passports (at least 2 blank pages in the valid passport are needed and the passport has to be issued within the previous 10 years). The validity period of the valid travel document must have at least three months remaining at the time the authorized duration of residence expires. |  |  |
| If you are minor and travel alone: both parents’ statement declaring that they do not have any objection on the child traveling abroad alone. |  |  |
| Statement undertaking the commitment of voluntary exit if the residence permit will expire. |  |  |
| Valid travel insurance. |  |  |
| Police Clearance Certificate. |  |  |
| Birth certificate in English with Apostille Attestation. |  |  |
| CV in English. |  |  |
| Signed motivation letter in English. |  |  |
| Certificate from your Study Consultant if any. |  |  |

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| **DOCUMENTS EVIDENCING THE PURPOSE OF RESIDENCE**  **(MANDATORY)** | YES | NO |
| A certificate of admission from the relevant educational institution and/or |  |  |
| A document to verify student status. |  |  |
| A language certificate in proof of language proficiency examination (if education is not in the applicant's mother tongue). |  |  |
| A document in proof of paying the tuition fee. |  |  |
| A document evidencing study progress issued by the educational institution. (School certificates in English, the most recent school certificates should be Apostilled.) |  |  |

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| **DOCUMENTS EVIDENCING SUBSISTENCE** | YES | NO |
| Scholarship payment certificate (if any) or |  |  |
| Bank statement (of your sponsor) of the last 6 months. |  |  |
| Declaration of financial support from the family member (sponsor) |  |  |
| Document as proof of family relationship (if your family member provides financial coverage for the time of residing in Hungary) |  |  |
| Document in proof of the ability to provide support from the part of the family member promising support to you (bank account balance statement, income certificate, etc. of the family member.-.). |  |  |

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| **DOCUMENTS PROVING THE EXISTENCE OF HUNGARIAN ACCOMMODATION** | YES | NO |
| Proof of accommodation provided by the institute (dormitory, hostel) or |  |  |
| A residential lease contract or |  |  |
| A document on accommodation by courtesy, and the consent of the usufruct beneficiary (if the property is burdened by usufruct) or |  |  |
| A document on accommodation by courtesy, and the consent of the usufruct beneficiary (if the property is burdened by usufruct) or |  |  |
| Documentary evidence to verify the reservation of accommodation and payment or |  |  |
| A notarized statement made by a family member providing the accommodation, promising lodging to the applicant or |  |  |
| A real estate sales contract and a copy of the decision of the competent Budapest or county government agency granting permission for the acquisition of a real estate property. |  |  |

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| **DOCUMENTS EVIDENCING COMPREHENSIVE HEALTHCARE SERVICES** | YES | NO |
| A copy of the social security card issued by Hungarian authorities or |  |  |
| Business health insurance policy allowing access to comprehensive healthcare services and a document in proof of paying the insurance fee or |  |  |
| Bank account balance statement on the coverage for possible healthcare service costs. |  |  |

***Note:***

* + ***Only original documents are accepted.***
  + ***Please bring one extra set of Photocopy of all the documents you wish to submit. Also bring full copy of the valid passport.***
  + ***The Embassy reserves the right to request further documentation.***

Contact of applicant (Tel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SO Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_