To be mailed to the: Magyar Táncművészeti Egyetem (Hungarian Dance Academy)

Mailing address: H-1592 Budapest, P.O.Box 472.

E-mail: [contact@mte.eu](mailto:contact@mte.eu)

*Please type your answers or write in block letters!*

**FACULTY** *(please tick √)*:

|  |  |  |
| --- | --- | --- |
| ***Classical Ballet*** | **□** | **Full training**  *(3 years BA program, Grade 7-9, theory in English)* |
| **□** | **Partial training** *(1-2 years or: Grade 6 or lower, only practice classes, no theory)* |
| ***Modern/Contemporary*** | **□** | **Full training** *(3 years BA program, theory in English)*  ***The training is not launched annually!*** |
| **□** | **Partial training** *(1-2 years or: Grade 1 or 2 (preparatory years to BA training), only practice classes, no theory)*  ***The training is not launched annually!*** |
| ***Theatrical Dances*** | **□** | **Full training** *(3 years BA program, theory in English)*  ***The training is not launched annually!*** |
| **□** | **Partial training** *(1 year preparatory year to BA training), only practice classes, no theory)*  ***The training is not launched annually!*** |

**PERSONAL DATA:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (as in passport or in ID document):** | | | | |
| Surname (family): | | | | Female **□**  Male **□** |
| First name(s): | | | |
| **Place of birth (city and country):** | | **Date of birth**  ……. *(day)* ……. *(month)* ……. *(year)* | | |
| **height (cm):** | | **weight (kg):** | | |
| **Mother’s maiden name (at birth):** | Surname (family): | | First name(s): | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Permanent address:** | Country: | | | | |
| City: | | | Postal Code: | | |
| Street name, house nr: | | | | | |
| **Phone:**  00 …….. *(country code)* ……………………………….. | | | | **Your e-mail**: | |
| Parent’s email: | |
| **Nationality:** | | **Native language**: | | | **Profession:** |

**SCHOOLS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you graduated from highschool (secondary school)?** | yes, and the year of graduation (matura exam) is: | | no, and my current grade is: | |
| **Name and address of dance school at present:** | Studies from-to (year) | types of dance classes: | | Nr. of lessons/week |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
| **Previous dance studies:** | | | | |
| Name of dance school | From-to (year) | subjects | | Nr. of lessons/week |
|  | |  |
|  | |  |
|  | |  |
| Name of dance school | From-to (year) | subjects | | Nr. of lessons/week |
|  | |  |
|  | |  |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Main dance competition results:** | | | |
| Name of competition | Year | Place (City) | Result |
|  |  |  |  |
|  |  |  |  |

**SKILLS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Hungarian:** | none **□** | beginner **□** | intermediate **□** | advanced **□** |
| **Level of English:** | none **□** | beginner **□** | intermediate **□** | advanced **□** |
|  | Type and level of language exam, if any: | | | |
| **Level of ……………..:**  (other language) |  | beginner **□** | intermediate **□** | advanced **□** |

**OTHER:**

|  |
| --- |
| Have you ever been to Hungary before? If so, in what capacity? |

|  |
| --- |
| Why do you want to continue your studies in Hungary? |

|  |
| --- |
| When do you want to begin your studies in Hungary? |
| Intended duration of stay:  ………………………………. years |
| Who or what organisation, foundation etc. will cover your tuition fees and other expenses during your stay in Hungary? |

|  |  |  |  |
| --- | --- | --- | --- |
| I need assistance in renting a flat for the academic year | | yes **□** | no **□** |
| I would like to have lunch at HDA | yes | no special diet **□** | no **□** |
| vegetarian **□** |

I declare I am able to pay for the audition, tuition and registration fees. I accept and allow that HDA takes recordings about me / my child during the audition for documentation and for educational use (not for commercial reason). I affirm that I hold a valid personal insurance sufficient to cover any and all circumstances that may arise during the audition.

………………………… ………………………………………………………………

Date Signature (parent or guardian for minors)

*To be enclosed:*

1. *Detailed curriculum vitae*
2. *Photocopy of certificate of education*
3. *Photocopy of passport or ID*
4. *One headshot photo (passport photo or portrait)*
5. *One dance photo*
6. *Information/certificate on previous injury, operation or health condition that might effect your future studies in the HDA*