

USMLE Step 1, 7 week Live Prep | Hungary  
22.06.2020 – 07.08.2020

Please provide the completed application to:



University of Debrecen,  
Hungary

**University of Debrecen**

Coordinating Center for International Education  
98<sup>th</sup> Nagyerdei krt, 4032 Debrecen, Hungary  
www.edu.unideb.hu  
e-mail: usmle-prep@edu.unideb.hu  
Tel: +36-52-258-052  
Fax: +36-52-414-013

Please type or print in **BLOCK LETTERS**.

**SECTION 1 - STUDENT INFORMATION**

**A.** Please write your name as it appears in your passport. Errors may cause delays in processing.

Family Name: \_\_\_\_\_ First Name(s) \_\_\_\_\_

Date of Birth (Day/Month/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Country of Citizenship \_\_\_\_\_

**B. Contact Details**

**Mailing Address**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**C. Student Visa Assistance (Please select one of the following options):**

- I don't need visa assistance
- Non-EU national require a student visa
- Presently on a visa (Please indicate visa type: \_\_\_\_\_)

If you need to apply for a visa you will be sent a visa application form by the University of Debrecen upon enrollment and payment of fees in full. Please allow one month for your visa documents to be prepared and for your application at the Hungarian Embassy in your country of residence. If you are applying less than one month before the program start date, please contact us.

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**SECTION 2 - COURSE INFORMATION**

**Course fee**

- \$3,000

**Housing**

- I require accommodation, please send me information about the accommodation possibilities
-

**SECTION 3 – PAYMENT INFORMATION**

Transferring money to the University of Debrecen

Beneficiary name: University of Debrecen (Debreceni Egyetem)

Beneficiary address: 4032 Debrecen, Egyetem tér 1.

Bank name: HUNGARIAN NATIONAL BANK (Magyar Nemzeti Bank), 1054 Budapest, Szabadsag ter 8-9. Hungary

IBAN Number: HU13 1003 4002 0028 2871 0000 0000

SWIFT Code: MANEHUHB

IMPORTANT! Please indicate the phrase “USMLE KAPLAN” and your name in the Comments section.

**SECTION 4 - MEDICAL SCHOOL DETAILS**

From which medical school did you graduate/are you going to graduate from?

Name of School \_\_\_\_\_ Country \_\_\_\_\_ Graduation Year \_\_\_\_\_

**SECTION 5 - STUDENT STATEMENT** (A signature is **required** below.)

**All Applicants:** I, the undersigned, certify that the information that I have provided in the application is true and correct to the best of my knowledge. In case of illness or injury, I give permission to any appropriate medical center to examine and treat me as necessary. Permission is also granted to release any and all information regarding my health to any individuals charged with my care and treatment. In submitting this application, I have read, understood, and accepted all the terms and conditions of this contract as specified in the relevant section of this application. **HOUSING APPLICANTS:** I agree to hold Kaplan and its housing providers harmless from any liability, loss, injury, damage, accident, delay or expense resulting from events beyond their control (without limitation). I understand that by signing this application, I am waiving any right I may have against the University of Debrecen and its housing providers for personal injuries and/or property damage arising from the University of Debrecen or its housing provider’s actions or omissions in connection with obtaining housing for me. I acknowledge acceptance of the terms of the refund policy as stated in this application.

**English language level confirmation. Please select one of the following:**

- I confirm that I have attended/I am attending a college or university where the primary teaching language is English
- I enclose a copy of one of the following documents to demonstrate that I have a level of English language proficiency sufficient to participate in and benefit from this program:

- A) A minimum TOEFL®\* PBT score of 530^
- B) A minimum TOEFL®\* CBT score of 197^
- C) A minimum TOEFL®\* iBT score of 71^

- D) A minimum TOEIC® score of 710^
- E) A minimum IELTS® score of 5.5^

\_\_\_\_\_  
Signature of Applicant      Day    /    Month    /    Year

Note: All documents are subject to review.  
\* Test names are registered trademarks of their respective owners. ^ Test scores must be dated within 24 months of application.

## TERMS AND CONDITIONS

### Admission Application for Kaplan Medical Programs

**You agree to pay your course fee in full** - You agree to pay your course fee in full: You must pay your course fee in full prior to your course start and prior to receiving your course materials. You must begin your course within 6 months of payment.

**You are enrolling for the sole purpose of preparing for an exam. You acknowledge that:** All course information, techniques and material are the property of Kaplan and may not be reproduced or photocopied. You agree to abide by the rules and regulations of Kaplan and the University of Debrecen Medical School. Any disruptive behaviour may result in a termination of your course.

**Length of enrolment** - *For the USMLE Step 1 Live Program in Debrecen, Hungary:* Your enrolment will be valid for 7 weeks from the first day of the program on campus in Hungary. Please note that you will be provided with the course books during your first teaching session.

**The USMLE exam(s)** - Registration and scheduling of the Official Exam(s) is your responsibility. You may do this online at [www.ecfm.org](http://www.ecfm.org) or by contacting the ECFMG on +1 215 386 5900.

### CANCELLATION AND REFUND POLICY

1. By cancelling this agreement, you may receive:

*For the Live USMLE Step 1 Preparation Course at the University of Debrecen, Hungary:*

- 100% of the course fee refunded up to one week before the first teaching session takes place;
- 50% of the course fee refunded less than one week before the first teaching session takes place;

2. In the event that you are applying for a student visa to study on a Kaplan preparation course and your visa is denied, you are entitled to a full course fee refund when you submit a copy of your visa refusal letter. Once your visa is issued, no refunds can be given. By law, any change in your enrolment status must be reported to the relevant government authorities.

3. Those students who have secured a student visa for the USMLE Step 1 Live Program in Debrecen, Hungary and do not attend the program will be reported to the relevant Immigration Office in Hungary.

4. Any cancellation or refund request must be submitted in writing by email, fax or letter to the University of Debrecen, Coordinating Center for International Education along with any course materials. All refunds will be processed within 30 days of receipt of the written cancellation.

5. After one year from the date of course fee payment, all guarantees, discounts, and fees paid to Kaplan will become null and void. Prices are subject to change without notification.