



**Kodály Institute**  
**of the Liszt Ferenc Academy of Music**  
 Kecskemét, Hungary

**QUESTIONNAIRE**  
**relating to studies at the Kodály Institute**

1. Family name (as it written in your passport):
2. Given name(s) (as it is written in your passport):
3. Date of birth:
4. Place of birth (town and country):
5. Mother's family name (the one she was born with):
6. Mother's given name (the one she was born with):
7. Gender:            Male:            Female:            Other:
8. Nationality:
9. Native language:
10. Command of other languages:
11. Permanent Home address:
12. E-mail address:
13. Phone:
14. Passport number:
15. Passport expiry date:
16. Current Residence address (if different from Permanent Home address):
17. Name, address and phone number of the person to be notified in case of emergency:
18. Details of secondary school graduation or highest completed degree: <ul style="list-style-type: none"> <li>- name of the school:</li> <li>- location of the school (town and country):</li> <li>- date of graduation (day, month, year):</li> <li>- number of the certificate:</li> </ul>
19. Main instrument:
20. Second instrument, if any:
21. Profession or occupation:

22. Current school / workplace:			
23. Referees with email addresses (one of them should be from current school/employer):			
1.			
2.			
24. Allergies, disabilities, access requirements or any medical conditions that we should know about?			
25. Request for housing:			
1 <sup>st</sup> choice:	single room	double room	triple room
2 <sup>nd</sup> choice:	single room	double room	triple room
26. Have you ever been to Hungary? If so, in which capacity?			
27. Please describe <u>in a few words</u> why you wish to study at the Kodály Institute in Kecskemét, Hungary?			
28. Knowledge about the Kodály Institute, Kecskemét, if any:			
29. How do you plan to cover your tuition fees and other expenses during your stay? (self-financing, family, scholarship, etc.)			
30. Please tell us how you learned about the Kodály Institute:			
<input type="checkbox"/> my university/college	<input type="checkbox"/> the Kodály Society in my country		
<input type="checkbox"/> a former Kodály Institute student	<input type="checkbox"/> friends, colleagues, fellow students		
<input type="checkbox"/> the Kodály Institute website	<input type="checkbox"/> other (please specify):		
<input type="checkbox"/> the International Kodály Society			

Date:

Signature: