**Visitor’s Request Form**

**for the CEEPUS[[1]](#footnote-1) scholarship holders**

|  |  |
| --- | --- |
| **Personal data** | |
| Title |  |
| First Name |  |
| Last Name |  |
| Gender |  |
| Birthdate |  |
| Birth place |  |
| Citizenship |  |
| Email |  |
| Mobile number |  |
| Home Address |  |
| ID number / Passport number |  |
| Home University | |
| Sending Institution |  |
| Sending Unit (Faculty, Department) |  |
| Duration of stay | |
| Date of arrival |  |
| Date of departure |  |
| **Purpose of visit** | |

Short-term visit (e.g. research or thesis/dissertation writing)

I am an exchange student at PPKE (including freemover mobility)

I am an exchange teacher at PPKE (including freemover mobility)

if other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Bank account details for grant payment** | |
| Name of Bank account holder |  |
| Bank name, address |  |
| SWIFT code |  |
| IBAN number |  |

**Does your given bank account accept payment in Hungarian Forint (HUF)?**

Yes

No

**Does your given bank account accept payment in Euros (EUR)?**

Yes

No

**If your given bank account does not accept payment in HUF or EUR, please indicate the currency here, in which your bank account can receive transfers:**

**…………………………………..**

**Declaration of consent to the use of my personal data**

*Transfer of data:* The University does not disclose the Visitors’ data to third parties.

*Duration of data handling:* The Visitor’s personal data will be processed for the duration of 5 years.

Data managers (who have access to the Visitor’s data):

* Faculty Coordinator of CEEPUS Programme at Pázmány Péter Catholic University
* Institutional Coordinator of CEEPUS Programme at Pázmány Péter Catholic University
* Network Coordinator (of the relevant network) of CEEPUS Programme at Pázmány Péter Catholic University
* International Office of the Faculty of Information Technology and Bionics of Pázmány Péter Catholic University
* Central Office for Foreign Affairs of Pázmány Péter Catholic University

By signing the Visitor’s Request Form I hereby consent to the collection, processing and use of my personal data as required by Pázmány Péter Catholic University for the purpose of managing my CEEPUS exchange mobility. I understand that all personal data contained in the Visitor’s Request Form will be processed in accordance with Regulation (EC) No 45/2001 and Regulation (EU) 2016/679 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the EU institutions and bodies and on the free movement of such data.

Your signature below indicates you have read and understand, the rules outlined in the *’Visitor’s Request Form.’*

Date: Budapest, ………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Visitor

**Photo Consent**

With completing the form hereby I consent without restriction to the use by Pázmány Péter Catholic University (PPKE), its affiliates, successors, agents, employees, and assigns of any photographs and/or videos of me, which were taken during my stay at PPKE.

I hereby grant to PPKE all right, title, and interest that I have or may acquire in such photographs and/or videos, including the right to copyright them and to use, reuse, publish and republish them, in whole or in part, for any purpose whatsoever, in any and all media, print and electronic. I understand that I will receive no compensation in connection with such photographs or the grant of rights described above. I hereby release and discharge PPKE from any and all claims and demands arising out of or in connection with the use of the photographs. I understand that PPKE will handle the above mentioned photos and/or videos in line with the European Union’s General Data Protection Regulation (EU) 2016/679 ("GDPR"), which came into force on May 25th 2018.

Date: Budapest, ………………………………..

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Visitor

**CEEPUS Grant payment request**

By signing the Visitor’s Request Form, hereby I confirm, that I have physically arrived in Budapest and that my mobility at PPKE has begun. I request the payment of my grant with the bank account details provided above.

Date: Budapest, ………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Visitor

**Thank you for completing the Visiting Form of PPKE! In case of any further questions, please email the CEEPUS Faculty Coordinator of Faculty of Information Technology and Bionics, Mónika BARNÁNÉ ÓDOR,** [**barnane.odor.monika@itk.ppke.hu**](mailto:barnane.odor.monika@itk.ppke.hu)

1. Central European Exchange Programme for University Studies [↑](#footnote-ref-1)