DOCTORAL SCHOOL

Tel.: +36 1 318 7049 / 143
Email: info@or-zse.hu
www.or-zse.hu
H-1084 Budapest, Scheiber Sándor utca 2. HUNGARY
Postacím / Po. Box: 1428 Bp. Pf. 21. HUNGARY

ORSZÁGOS RABBIKÉPZŐ
ZSIDÓ EGYETEM

JEWISH THEOLOGICAL SEMINARY
UNIVERSITY OF JEWISH STUDIES

בית־מדרש לרבנים
האוניברסיטה ללימודי היהדות בהונגריה

1877 | תרל"ח

APPLICATION FORM FOR THE DOCTORAL SCHOOL OF JEWISH RELIGIOUS STUDIES

Name:

Name at birth:

Mother's name:

Place and date of birth:

Permanent address:

Address for notification:

E-mail address:

Telephone number:

Sex: ◯ male ◯ female

Nationality: ◯ Hungarian ◯ foreign:

ID card or passport number:

Place and date of MA (university) degree:

Field of qualification:

Language proficiency and degree:

Indicate the subject or title chosen:

Primary research field of the applicant[1]:

[1] **Areas of specialization:**
1) Rabbinic theology [T] (Hebrew Bible, Biblical Studies, Talmudic studies, Rabbinic literature).
2) Jewish religious studies [V] (Comparative religion, Jewish religious studies, liturgical, cultural, artistic, literary, social, mental, conceptual, institutional, denominational and philosophical history, Jewish religious philosophy, Jewish folklore and cultural anthropology, trauma studies).

Date:

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Signature