

## **APPLICATION**

**... University ... Faculty ... Department  
to fill the position of university professor  
(Application ID:...)**

**NAME**

Dated .....

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## **CALL FOR APPLICATIONS**

Presentation of the published call for applications. (This requirement does not apply to applications submitted by the Hungarian Academy of Sciences, the Hungarian Academy of Arts, the Hungarian Olympic Committee and by private higher education institutions and faith-training institutions. In these cases, presentation is recommended but not required.)

## **APPLICANT'S RESPONSE TO THE CALL**

The Applicant's letter containing a statement on submitting an application under a given call for applications. (This requirement does not apply to applications submitted by the Hungarian Academy of Sciences, the Hungarian Academy of Arts, the Hungarian Olympic Committee and by private higher education institutions and faith-training institutions. In these cases, presentation is recommended but not required.)

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signature

## **SHORT CURRICULUM VITAE**

Format: normal margins (bottom, top, left and right margins 2.5 cm), Times New Roman font, size 12, single line spacing, maximum number of pages: 5 pages.

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signature

## I. HIGHER EDUCATION ACTIVITIES

Format: normal margins (bottom, top, left and right margins 2.5 cm), Times New Roman font, size 12, single line spacing, maximum number of pages to describe I. Higher education activity: 30 pages.

### **1a.1. Teaching experience**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

Total number of contact hours: ..., of which lectures ... . Online classes can also be taken into account in the presentation of higher education teaching activities. Duration of each contact hour: minimum forty-five minutes, maximum sixty minutes.

If several direct superiors certify the teaching activity, it is recommended to present the total number of contact hours in the application as well.

For subjects taught in the five years preceding the submission of the application, the student feedback is included in the documentation proving the teaching activities. In the case of subjects where the student feedback was not prepared or the result was not representative, the assessment of the direct superior of the Applicant's teaching activity attached, including the name of the courses taught which the direct superior's assessment relates to.

Presentation of participation in examinations, and evidence thereof by the direct superior.

### **1a.2. Leading the academic and scientific work of students**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

Presentation of theses/dissertations:

Number	Name	Name of scientific field	Title of thesis/dissertation	Year of defence

Presentation of TDK/OTDK lectures/theses:

Number	Name	Name of scientific field	Title of TDK lecture/thesis	Year	Placements	
					TDK	OTDK

**1a.3. Lectures, practice sessions and seminars delivered in a foreign language at graduate and/or postgraduate level or at any level of learning in the Bologna system.**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

For guest teaching assignments at foreign higher education institutions: copy of the letter of invitation (or, in its absence, other supporting documents).

**1b. Activities and achievements in education development**

**1b.1.**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

Acting as course director (at the time of submitting the application and 10 years proceeding it):

<b>Number</b>	<b>(academic year / semester)</b>	<b>Subject Name</b>	<b>Type of subject (mandatory A/optional B/C)</b>	<b>Name and level of specialisation (study programme/ specialisation)</b>	<b>Language of training</b>

**1b.2.**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

<b>Number</b>	<b>Title of Coursebook (with page number)</b>	<b>Title of Textbook (with page number)</b>	<b>Title of the teaching aid (with page number)</b>	<b>Digital teaching materials</b>	<b>Editor /sole author / first author / indicating % for multiple authors</b>

## II. SCIENTIFIC ACTIVITIES

Format: normal margins (bottom, top, left and right margins 2.5 cm), Times New Roman font, size 12, single line spacing, maximum number of pages to present II. Scientific activities: 30 pages.

### **2a.1. Outstanding scientific or research work**

*Detailed* presentation based on the Evaluation sheet and the Guide (except for Applicants who have obtained a Hungarian Academy of Sciences doctorate within 10 years).

List of Q1 publications in a foreign language in the Applicant's field of expertise, of which the Applicant is the sole, first or lead (corresponding or final) author of at least one:

Number	Address	Authors	Journal		Number of independent citations
			name	classification in the year of publication (e.g. Q1)	

Additional Q1 publications:

1. ...
  2. ...
- etc.

The Applicant meets the independent citation value and the requirements for the independent citation parameter set out in the Evaluation Sheet as follows:

Number	Address	Author (s)	Author status of the Applicant (sole/first/last/correspondent)	Journal		n (citation index)	Number of independent citations (Cit.)
				name	classification in the year of publication (e.g. Q1)		

In extenso versions of at least two Q1 publications in foreign languages published in the Applicant's own field (in an attachment in a PDF file). In extenso version of articles meeting the minimum citation requirements must be attached.



## **2a.2. Supervising the scientific work of young academics, participation in doctoral training as a thesis supervisor**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

Presentation of the student(s) who have obtained a doctoral degree supervised by the Applicant:

<b>Num ber</b>	<b>Name</b>	<b>Title of doctoral dissertation</b>	<b>Year of defence</b>	<b>Name of doctoral school, name of programm e</b>	<b>Role of the Applicant (supervisor/co- supervisor... %)</b>

Description of the student(s) supervised by the Applicant:

<b>Num ber</b>	<b>Name</b>	<b>Title of doctoral dissertation</b>	<b>Expected year of dissertati on defence</b>	<b>Name of doctoral school, name of programm e</b>	<b>Role of the Applicant (supervisor/co- supervisor... %)</b>

The PhD student(s) listed in the application are recorded in the doktori.hu database. In the case of student(s) who cannot be recorded in the doktori.hu database (e.g. because they have a foreign supervisor), a certificate from their supervisor is attached.

## **2b.1. Experience and achievements in research management**

*Detailed presentation based on the Evaluation Sheet and the Guide.*

Role of the Applicant in applications:

Num ber	Application					Role of the Applicant (supervisor, research fellow, etc.)
	Publisher of the call and its identifier	Addres s	Year		Amount granted (HUF/EU R)	
			Start date	End date		

## **2b.2. Recognition in Hungary and abroad**

*Detailed* presentation based on the Evaluation Sheet and the Guide.

### **III PLANS RELATING TO THE PERFORMANCE OF TASKS**

(optional, recommended)

Format: normal margins (bottom, top, left and right margins 2.5 cm), Times New Roman font, size 12, single line spacing, maximum number of pages to present the plans related to the III Performance of the Tasks: 3 pages.

## IV ANNEXES

Annexes according to the Section V.3 Checklist, formal requirements of the Guide:

<b><i>Annexes related to teaching activities:</i></b>
Certificate(s) of educational activities regarding contact hours in Hungarian, summary table, specifying the required data in the template document available on the MAB website.
Certificate(s) of educational activities in a foreign language, summary table, specifying the required data in the template document available on the MAB website.
In the case of subjects where the student feedback was not prepared or the result was not representative, the assessment of the direct superior of the Applicant's teaching activity, including the name of the courses taught which the direct superior's assessment relates to.
For guest teaching assignments at foreign higher education institutions: copy of the letter of invitation (or, in its absence, other supporting documents).
Exclusively in the <i>field of Medicine and Health Sciences (except Sports Sciences)</i> : evidence of participation in examinations, certified by the direct superior.
<b><i>Annexes related to scientific/artistic activities:</i></b>
A certificate from the central library of the submitting institution attesting to the authenticity of the scientific metrics.
Summary table downloaded from MTMT database.
Disciplinary table downloaded from the MTMT database (not required in the field of <i>Arts, Theology</i> and <i>Sports Sciences</i> ).
List of ten priority publications/artworks: five publications/artworks considered to be the most important for the whole academic/artistic career up to the date of submission of the application, plus five other publications/artworks considered to be the most important among the works published in the five years preceding the submission of the application.
If the database of the National Doctoral Council (doktori.hu) does not confirm the existence of the student(s) who have obtained a degree under the Applicant's supervision, a certificate from the Applicant's direct superior is required (e.g. in the case of PhD students who have obtained a degree abroad).
If the Applicant submits a publication accepted for publication, its details must be available in the MTMT and a copy of the publisher's acceptance letter must be attached.
Only in the field of <i>Medical and Health Sciences (except Sports Sciences)</i> : List of articles that meet the minimum required independent citation parameter.

<b><i>Declarations signed by the Applicant:</i></b>
Applicant's declaration of discipline(s)/artistic discipline(s) (choose one or more, but not more than three disciplines from the table in point V.1.1 of the Guidelines, declaration according to point V.2 of the Guidelines).
The Applicant's statement of consent to the processing, retention and lawful disclosure of personal data (as described in point V.4 of the Guideline).
Written statement by the Applicant identifying the department and scientific committee of the Hungarian Academy of Sciences that his/her field of research falls under (not required in the field of <i>Arts, Theology</i> and <i>Sports Sciences</i> ).
<b><i>Certified personal documents:</i></b>
Document certifying the acquisition of a doctoral degree or scientific title (if the latter is available). In the case of a degree obtained abroad, the certificate of naturalization, <sup>1</sup> or a legally recognised artistic award equivalent to a doctorate and at least a bachelor's degree <sup>2</sup> (in the case of qualifications obtained abroad, a certificate of recognition of the diploma in Hungary), or a legally recognised sports award equivalent to a doctoral degree, or a document certifying that the Applicant has won a gold, silver or bronze medal at starting from 1984 at Paralympic or Deaflympic Games, and a bachelor or higher-level diploma (in the case of a foreign qualification, proof of recognition or naturalisation of the qualification in Hungary) <sup>3</sup> . (A copy of the documents certified by the direct superior.)
In the case of Hungarian nationals, a document certifying habilitation or equivalent teaching experience acquired in an international higher education setting from the head of the institution submitting the application. <sup>4</sup> (A copy of the documents certified by the direct superior.)
Academic title (if the Applicant has one) – Candidate of Science(s), Doctor of Science(s), Doctor of Sciences, Doctor of the Hungarian Academy of Sciences, recognised academic qualification obtained abroad – copy of the diploma certifying the qualification.
<b><i>Other Annexes:</i></b>

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<sup>1</sup>Nftv. Section 105 (5).

<sup>2</sup>Nftv. Section 101 (9).

<sup>3</sup>Nftv. Section 104/B (2).

<sup>4</sup>Nftv. Section 28 (5).

If the Applicant previously submitted an unsuccessful application, itemized presentation of the changes that have occurred since the submission of the previous application.
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Optional: other documents deemed important by the Applicant (e.g. copies of diplomas, awards).
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*Comment:*

Documents to be uploaded to the TIR 2.0 database as a separate file (not to be displayed as an attachment in the application) according to the Section V.3 Checklist, formal requirements of the Guide: publication list, extract from the senate's decision, cover letter of the rector/person representing the institution regarding the evaluation of the application, only in the field of *Medicine and Health Sciences (except Sports Sciences)*: the in extenso (full-length) version of at least two Q1 publications in a foreign language, published in one's own scientific field, and articles meeting the minimum required independent citation parameter.

**MODEL DOCUMENTS FOR ANNEXES TO THE ENGLISH-  
LANGUAGE APPLICATION**

## Certificate of teaching activities

..... (name)

### for the university professor application

<b>Name of higher education institution, faculty, organisational unit:</b>								
<b>Address of higher education institution:</b>								
<b>Teaching activities</b>								
<b>Period</b> ( <i>10 academic years/semesters preceding the application</i> )		<b>Programme name(s) / level(s) /Subject name(s)</b> <i>(academic year / semester)</i>	<b>Number of contact hours*</b>					<b>Student feedback result</b> <b>(for subjects taught during the 5 years preceding the application)</b>
			Lecture	Seminar	Practice session	Consultation	Total <i>(semester)</i>	
<b>Academic year</b>	<b>I.</b> <i>semester</i>	1.						
		2.						
	<b>II.</b> <i>semester</i>	1.						
		2.						
<b>Academic year</b>	<b>I.</b> <i>semester</i>	1.						
		2.						
	<b>II.</b> <i>semester</i>	1.						
		2.						



## Summary\*\*

Teaching activities:		Lecture	Seminar	Practice	Consultation
Total number of contact hours:					
of which contact hours that are	online classes				
	classes recorded in an electronic system				
Total number of contact hours:					
Total number of contact hours that were lectures:					
Total number of contact hours in subjects assessed by students to be above 3.50:					

Date:

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Signature of direct superior

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Name of direct superior

*\* Contact hour refers to any session (lecture, seminar, practice session, consultation) requiring participants to be present in person and lasting between 45 and 60 minutes, including online sessions.*

*\*\* If submitting multiple certificates, please summarise teaching activities by institution*

## Certificate of teaching activities in a foreign language

..... (name)

**for the university professor application submitted by**

Name of higher education institution, faculty, organisational unit:						
Address of higher education institution:						
<b>Teaching activities</b>						
Period ( <i>up to the date of application; academic year/semester</i> )		Programme name(s) and level(s)*, and subject name(s) in the language of delivery ( <i>academic year/semester</i> )	Number of contact hours**			
			Lecture	Practice	Seminar	Total ( <i>semester</i> )
<b>Academic year</b>	<b>I.</b> ( <i>semester</i> )	1.				
		2.				
	<b>II</b> ( <i>semester</i> )	1.				
		2.				
<b>Academic year</b>	<b>I.</b> ( <i>semester</i> )	1.				
		2.				
	<b>II.</b> ( <i>semester</i> )	1.				
		2.				

### Summary\*\*\*

Type of contact hour:		Lecture	Practice	Seminar
Total number of contact hours:				
of which contact hours that are	online classes			
	classes recorded in an electronic system			
Total number of contact hours:				
Total number of contact hours delivered as a guest teacher abroad:				

Date:

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Signature of direct superior

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Name of direct superior

*\*Programme level can be graduate and/or postgraduate, or any level in the Bologna system*

*\*\*=Contact hour refers to any session (lecture, seminar, practice session, consultation) requiring participants to be present in person and lasting between 45 and 60 minutes, including online sessions.*

*\*\* If submitting multiple certificates, please summarise teaching activities by institution*

## Declaration on scientific branch

Declaration is to be completed only according to the data in table V.1.1 Expert classification of the MAB. Only one statement relevant to the applicant must be completed. Only in the discipline of *Medical and Health Sciences* can the declaration be supplemented with the name of the special field of expertise of the Applicant.

### Declaration

*(if the Applicant requests the evaluation of his / her application in one branch of science)*

I, the undersigned ..... declare that I have been performing educational and scientific activities in the discipline of ....., in the scientific branch of ..... (and in the special field of expertise of .....).

I request that my university professor application be evaluated on the basis of the criteria applicable to following branch of science: .....

Date: ....., ..... (day) ..... (month) ..... (year)

.....  
Name/Signature

### Declaration

*(if the Applicant requests the evaluation of his / her application in more than one but not more than three branches of science)*

I, the undersigned ..... declare that I have been performing educational and scientific activities in the discipline(s) of....., in the following branches of science in the following ratios (%):

1. Primarily in the scientific branch of ....., in .....%,  
and

2. in the scientific branch of ....., in .....%,

3. in the scientific branch of ....., in .....%.

Accordingly, I request that my university professor application be evaluated on the basis of the criteria applicable to following branches of science in the following ratios (%):

1. Primarily in the scientific branch of ....., in .....%,  
and

2. in the scientific branch of ....., in .....%,

3. in the scientific branch of ....., in .....%.

Date: ....., ..... (day) ..... (month) ..... (year)

.....  
Name/Signature

## STATEMENT OF CONSENT

### for the processing, retention and disclosure of personal data in accordance with the provisions of law

I, the undersigned ..... (name) hereby give my consent for all of my personal data submitted in my university professor application to be processed by the Hungarian Accreditation Committee (MAB; address: 1087 Budapest, Hungária körút 40-44. Arena Corner Office Building, C reception, 5<sup>th</sup> floor) in compliance with Act CXII of 2011 on the right to informational self-determination and on the freedom of information and in accordance with the data protection rules of the Hungarian Accreditation Committee.

I understand that the purpose of data processing is to provide an expert opinion on my university professor application.

I accept that in the course of its decision-making, MAB as data controller will make my university professor application and my personal data therein accessible to the participants of the expert evaluation procedure. Access to the paper copy of the application and to its electronic copy stored in the TIR 2.0 database on the server of the MAB will be subject to confidentiality requirements. I consent to the publication of the expert opinion by the MAB on its website ([www.mab.hu](http://www.mab.hu)), with disclosure of the following information: MAB code, discipline, institute, application supported/not supported.

As data controller, the MAB will store all personal data on servers which are under its own physical control and to which password-protected access is granted only to staff members and experts participating in the evaluation procedure. Access to data will be logged.

As data controller, the MAB will not disclose data except as consented herein, and will ensure the protection of data in compliance with the law.

In the framework of data processing for the purpose of providing an expert opinion, the MAB will process data lawfully, fairly and in a manner which is transparent for natural persons, guaranteeing the rights of natural persons and limiting the length of data storage to the absolute minimum necessary.

The staff of the MAB Secretariat will process, store and destroy the data concerned in accordance with the applicable legal provisions. The staff involved in the processing of data will comply with the confidentiality obligations laid down in their job descriptions and in the organisational and operational rules of the MAB. The data processed is covered by the obligation of professional secrecy. The data processed is covered by the obligation of professional secrecy. The experts will process the data concerned in accordance with the applicable legal provisions and are bound by a declaration of confidentiality.

I understand that to request information about the processing of my personal data, to revoke my statement of consent or to request the correction, blocking or deletion of my personal data, I may at any time send an email to [adatvedelem@mab.hu](mailto:adatvedelem@mab.hu) or write to the following address: Hungarian Accreditation Committee (MAB), 1087 Budapest, Hungária körút 40-44. Arena Corner Office Building, C reception, 5<sup>th</sup> floor. If I deem my rights relating to the processing of personal data to have been violated, I may initiate court proceedings against the data controller or request an investigation by the National Authority for Data Protection and Freedom of Information (1363 Budapest, P.O. box 9), [ugyfelszolgalat@naih.hu](mailto:ugyfelszolgalat@naih.hu), +36-1-3911400, [www.naih.hu](http://www.naih.hu)).

Date: ....., ..... (day) ..... (month) ..... (year)

.....  
Name/Signature