**Faculty of Medicine, P. J. Šafárik University in Košice**

**Annex No. 3 to the “Application for Recognition of passed Study Subjects”**



**Name: ……………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**Recognition of study subjects from previous study**

The applicant shall fill in block letters the part framed by a thick line.

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|  | **Study subject name** | **Evaluation** | **Date of** |  | **Opinion of the Guarantor of subject** |  |
| **Ser.** | **passing** | **Corresponds to the study** |  |
| **No.** |  |  |  | **subject at UPJŠ FM** |  |  |  |  |
| (as per the study record - transcript from the previous study) |  Head of Department | Evaluation / | Signature |  |
|  |  | credits |  |
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 **Recognition of subjects according to Article 21 Paragraph 3 and 5 of Study Rules of Procedure UPJŠ MF**