UPJŠ in Košice Academic year Study program:

Faculty of Medicine 20.. / 20.. Form of study: [ ]  D [ ]  E

Workplace (department/clinic):

**Study enrolment letter**

**1st** year of study

**Fill legibly in block letters!**

|  |
| --- |
| Surname: Name: Title:Birth name: Birth number: |
|  |
| Date of birth: Place of birth:Country: Nationality:Marital status: single married married divorced |
| ID card number:Issued by: On:  |
| Foreigners will state their passport number:Residence permit (green card): Valid until: |
| **Permanent residence:**Street No.: tel. no.:Municipality: mobile:ZIP: e-mail: |
| **Temporary residence** (or boarding school):Street No.: tel. no.:Municipality: ZIP: |
| **For the purpose of paying a scholarship (only daily form of study):**No. Of Bank account: Bank:IBAN: |
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In Košice: *............................................*

 *Student´s signature*

 ............................................

 *Stamp and signature of the registration*