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*