**HONORARY STATEMENT** (AFFIDAVIT)

*(for the purposes of the Central Student Register)*

Name and Surname:

Date of birth:      Academic year: 20.. / 20..

Field of study:

Study programme:

Year of study: Form of study:  Degree of study:

I have been studying at the UPJŠ Faculty of Medicine since ac. year:

**1.** I, the undersigned, declare on my honour that in the case of. In ac. year 20.. / 20.. in another study program at a public university, state university or private university (at UPJŠ or another public university, state university or private university) \*:

[ ]  I am studying [ ]  I am not studying

**2.** **In ac. year 20.. / 20.. I am studying in another study program:**

(in case of several study programs, state in a separate appendix)

University:

Faculty:

Study program:

In this study program, I have been studying since of the ac. year:

In ac. year 20.. / 20.. I study in the year of study

Type of university\*: [ ]  public [ ]  state [ ]  private

Form of study\*: [ ]  daily [ ]  external

Degree of study\*: [ ]  1st [ ]  2nd [ ]  joined 1st+2nd [ ]  3th

**3.** **In the previous period - until ac. year 20.. / 20.. (inclusive) I am at a public university/a state university/ or a private university \*:**

[ ]  studied [ ]  did not study

**4. In the previous period - from September 1, 20.. ac. year 20.. / 20.., I studied in the study program, resp. field of study:**

\**mark the appropriate option*

*Page: 1*

**4.1.** University:

 Faculty:

 Study program:

Type of university\*: [ ]  public [ ]  state [ ]  private

Form of study\*: [ ]  daily [ ]  external

Degree of study\*: [ ]  1st [ ]  2nd [ ]  joined 1st+2nd [ ]  3th

Od (D/M/R): **/  /** Do (D/M/R): **/  /**

From (D/M/Y): **/  /** To (D/M/Y): **/**  **/**

Number of competed years (also unfinished):  Obtained title:

Interrupted study (if occurred during the study): from: **/  /** to: **/  /**

For this study\* [ ]  I paid [ ]  did not pay tuition fees during ....... years

**4.2.** University:

 Faculty:

 Study program:

Type of university\*: [ ]  public [ ]  state [ ]  private

Form of study\*: [ ]  daily [ ]  external

Degree of study\*: [ ]  1st [ ]  2nd [ ]  joined 1st+2nd [ ]  3th

From (D/M/Y): **/  /** To (D/M/Y): **/**  **/**

Number of competed years (also unfinished):  Obtained title:

Interrupted study (if occurred during the study): from: **/  /** to: **/  /**

For this study\* [ ]  I paid [ ]  did not pay tuition fees during ....... years

**5. In ac. year 2020/2021 I will study in the study program free of charge:**

      at the university:

I am aware that:

1. for exceeding the standard length of study or for concurrent study of two or more study programs provided by a public university, I will pay the financial amount stipulated in the Fees of the University of Pavol Jozef Šafárik University in Košice on tuition fees and fees associated with studying at ac. year 20.. / 20.. by the deadline set by the rector of the university,
2. for providing **false or incomplete data**, I am obliged to compensate UPJŠ in Košice for the damage caused in full

In Košice, on       ..............................................................

 *student's handwritten signature*

\**mark the appropriate option*

*Page: 2*