

APPLICATION FOR ENTRANCE EXAMINATION
at Pavol Jozef Šafárik University in Košice, the Faculty of Medicine
for the 2024/2025 academic year

First Name :

Surname :

I hereby confirm that I am applying to
Pavol Jozef Šafárik University in Košice, the Faculty of Medicine as

an independent applicant

an applicant represented by an agency **Name of agency :**

.....

I confirm my application for an entrance examination

in Košice on

in Košice on

organized by the agency in (*place*)

on (*date*).

A previous study of medicine: no study at UPJŠ FM at other Faculty of Medicine

I apply for enrolment: in the first year in the second or higher year

Date:

Signature: