Recognition Agreement Registration Study referee

(not for new 1st-year students)

MF UPJŠ in Košice **Academic year 2024/2025** Study programme: General Medicine

 Dental Medicine

 **REGISTRATION FORM - Year 1 2 3 4 5**

**Fill in block letters, please!**

|  |
| --- |
| Surname:  |
| First Name:  |
| Maiden Name (if applicable):  |
| Date of birth:  | Place of birth (city, country): |
| Citizenship:  | Nationality:  |
| Marital status:  | single  |  married | divorced  |
| **Passport/ID:**  |
| Passport/ID number:  | Valid until:  |
| Country and Date of Issue: |
| Stay permit No.:  | Valid until: |
| **Permanent address (home-country):** |
| Street, No.:  | Phone No.: |
| City: |
| Country:  | Post code:  |
| **Temporary address in Slovakia:** |
| Street, No.:  |
| City:  | Post code: |
| Name of the house/flat owner:  |  |
| **Contacts (in Slovakia):** |  |
| e-mail: | Phone No.:  |
| * I agree that any Personal Data Processing concerning my study may be used for official purposes only, according to Slovak Law No 18/2018 Coll.
* I confirm that all the data given is true, I have not knowingly withheld any important information and I am aware of the consequences resulting from any false information given.
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**Any changes to the above must be reported to the Study Department promptly!**

In Košice, date: …………........................................................

 Signature of Student

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

 Registration stamp and signature of Student Affairs Officer