

☐ Recognition
(not for new 1st-year students)

☐ Agreement

☐ Registration

☐ Study referee

MF UPJŠ in Košice

Academic year 2025/2026

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:	<input type="checkbox"/> single	<input type="checkbox"/> married	<input type="checkbox"/> 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.:	
<ul style="list-style-type: none">- 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.			

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