

**APPLICATION FOR ENTRANCE EXAMINATION  
at Pavol Jozef Šafárik University in Košice, the Faculty of Medicine  
for the 2026/2027 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:** .....