

**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:** .....