MF UPJŠ in Košice **Academic year 2026/2027** 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.:	
For purposes of scholarship (bank details of the Slovak account):			
Account Number:		Bank:	

- I agree that any Personal Data Processing concerning my study may be used for official purposes only, according to Slovak Law No 428/2002 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