

APPLICATION FOR ENTRANCE EXAMINATION
at Pavol Jozef Šafárik University in Košice, the Faculty of
Medicine
for the 2019/2020 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 applicant represented by an agency „**Filip Rzepecki Tatra's Gates**”

I confirm my application for an entrance examination

- in Košice on 19.06.2019
- in Kraków on 27.07.2019
- in Košice on 19.08.2019
- in Warszawa on 26.08.2019

Date:.....

Signature:.....