

**APPLICATION FOR ENTRANCE EXAMINATION
at Pavol Jozef Šafárik University in Košice, the Faculty of
Medicine
for the 2020/2021 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 **Filip Rzepecki Tatra's Gates**

I confirm my application for an entrance examination

in Košice on **17.06.2020**

in Cracow / Kraków in **July 2020**

in Košice on **17.08.2020**

in Warsaw / Warszawa in **August 2020**

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: