

**APPLICATION FOR ENTRANCE EXAMINATION  
at Pavol Jozef Šafárik University in Košice, the Faculty of  
Medicine  
for the 2021/2022 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 Vienna on **15.09.2021**

organized by the agency in ..... (*place*)

on ..... (*date*).

**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:** .....