Recognition Agreement Registration Study referee

(not for new 1st-year students)

MF UPJŠ in Košice **Academic year 2024/2025** 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.: | |
| * I agree that any Personal Data Processing concerning my study may be used for official purposes only, according to Slovak Law No 18/2018 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