

**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 independent applicant

an applicant represented by an agency **Name of agency:**

.....

I confirm my application for an entrance examination

in Košice on **19.06.2019**

in Košice on **19.08.2019**

organized by the agency in (*place*)

on (*date*).

Date:.....

Signature:.....