

**APPLICATION FOR ENTRANCE EXAMINATION**  
**at Pavol Jozef Šafárik University in Košice, the Faculty of**  
**Medicine**  
**for the 2026/2027 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 Kosice in June
- ☐ in Cracow / Kraków in August
- ☐ in Kosice in August
- ☐ in Warsaw / Warszawa in September

**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:** .....