

**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 Košice in June
- in Cracow / Kraków in August
- in Košice 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: