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
Name of the university/faculty and country.....
.....

I apply for enrolment:

□ in the first year

□ in the second or higher year

Date: ..... **Signature:** .....