

**APPLICATION FOR ENTRANCE EXAMINATION**  
**at Pavol Jozef Šafárik University in Košice, the Faculty of Medicine for**  
**the 2024/2025 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 **EduSlovakia s.r.o.**

I confirm my application for the entrance examination in:

**Bratislava, on September 02, 2024.**

**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: \_\_\_\_\_