



ENGLISH VERSION OF THE SLOVAK APPLICATION FORM FOR THE 3RD LEVEL OF HIGHER
EDUCATION (PhD STUDY)

APPLICATION FORM of the third level of higher education
Postgraduate study for the academic year 20...../20.....

Personal information	
Surname	
Middle name	
First name	
Academic title	
Maiden name	
Marital status	
Date of birth (DD.MM.YYYY)	
Place of birth	
City:	
Country:	
Sex	
Passport details or ID (for EU)	
Number of passport	
Issued by	
Expiration date	
Citizenship	
Nationality	
Native language	
Information about parents	
Mother's full name	
Mother's maiden name	
Father's full name	
Contact details	
Permanent address	
Street No., Street	
City	
Postal code	
Country	
Mailing address (if different as permanent address)	
Street No., Street	
City	
Postal code	
Country	
Place of residence for a foreigners in Slovak republic	
Street No., Street	
City	
Postal code	
Country	
Telephone number (Country code, City code, Phone No.)	

Fax number (Country code, City code, Phone No.)	
Email	
Person to notify in case of emergency	
Name	
Address	
Phone, Fax number	
Email	

University (name, address)	
Faculty	
Study programme:	
Study branch (code and title):	
Form of study (daily or external)	
External educational institution (name, address)	
Title of PhD thesis:	
Tutor	

Education (Please, state the highest level of education completed)	
University (name and address)	
Faculty	
Study programme	
Study branch	
Duration of study (from - to)	
Date of graduation	
Degree awarded	

Further education (Please, state the further completed or not completed education on the high level)	
University (name and address)	
Faculty	
Study programme	
Study branch	
Duration of study (from - to)	
Date of graduation	
Degree awarded	

Occupation (work position and the employer's details)	
Previous	
Present	

Language	Level (basic, intermediate, proficient)

CONSENT to personal data processing

In compliance with the Slovak Act No. 131/2002 Coll. On Higher Education and Slovak Act No 122/2013 Coll. on Protection of Personal Data, as amended, I, below signed

Full name:

Date of birth (DD.MM.YYYY):

Permanent address

....., hereby declare that my personal data that I have voluntarily provided or will provide to the University of Veterinary Medicine and Pharmacy in Košice, with its address in Slovak Republic, Komenského 73, 041 81 Košice, are correct, truthful and accurate. In case of stating false personal information I will be held responsible for the consequences and associated costs. I agree with using, processing and archiving this data for indefinite period of time for the purpose of admission process and to form a part of subsequent student records should I be accepted to the University of Veterinary Medicine and Pharmacy in Košice. I give my consent to processing of my data and to using them for statistical information and reporting. I agree to abide by the university policies and procedures. This consent is valid until my further written notice.

Date

Signature of applicant

Enclosures to application form:

1. Curriculum Vitae
2. documents about applicant's education:
 - a) certified copy of study diploma
 - b) certificate about state examination
 - c) certified copy / official transcript of students academic records + confirmation of the data accuracy from the Office of the Registrar (including date of issue, signature and stamp)
3. List of applicant's published professional and scientific papers
4. Project framework of chosen PhD thesis
5. Professional practice certificate/references
6. Two passport-size photographs
7. CONSENT to personal data processing
8. Proof of payment - certified copy of payment certificate

Date:

Signature of applicant: