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| Surname: |  | | | | First name: | | | |  | | |
| Permanent address: | | |  | | | | | | | | |
| Alternative address: | | |  | | | | | | | | |
| E-mail contact: | |  | | | | | | Phone No: | |  | |
| Academic year: | |  | | Year of study: | |  | | Study programme: | | |  |
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|  | | | | | | | The University of Veterinary Medicine and Pharmacy in Košice  Study Office  Study Programmes for English Language | | | | |
|  | | | | | | | | |  | | |

MATTER

**REQUEST for borrowing a room**

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| --- | --- | --- | --- |
| Date and time (from - until):  Preferred room:  For the purposes of:  Topic:  Invited speakers / guests:  Invited audience:  Number of participants / students:  Additional notes / requests: | | | |
| Date: |  | Signature: |  |