



APPLICATION FORM

for the academic year 2018/2019

Study programme – **General Veterinary Medicine**

Personal information

| | | |
|----------------------------|---------|--|
| Surname | | |
| Maiden surname | | |
| Middle name | | |
| First name | | |
| Sex | | |
| Date of birth (DD.MM.YYYY) | | |
| Place of birth | City | |
| | Country | |
| Citizenship | | |
| Nationality | | |
| Marital status | | |
| Academic title | | |

Contact details

| | | |
|---|--------------------|--|
| Permanent address | Street No., Street | |
| | City | |
| | Postal code | |
| | Country | |
| Mailing address | Street No., Street | |
| | City | |
| | Postal code | |
| | Country | |
| Telephone number (Country code, City code, Phone No.) | | |
| Email | | |
| Mother | Name | |
| | Surname | |
| | Maiden surname | |
| Father | Name | |
| | Surname | |



Education (Completed secondary school)

| | |
|--------------------|--|
| Name of school | |
| Address | |
| City, Country | |
| Year of graduation | |

Education (Please, state the highest level of education completed)

| | |
|--|--|
| Type of school (University, Secondary school etc.) | |
| Name of school | |
| City, Country | |
| Degree awarded, Date of graduation | |

CONSENT to personal data processing

In compliance with the Slovak Act No. 131/2002 Coll. On Higher Education and Act no. 18/2018 on the Protection of Personal Data and on the Amendment of Certain Acts, I, below signed

Full name:

Date of birth:

Permanent address

.....

hereby declare that my personal data, that for the purpose of application to study, I have voluntarily provided or will provide to the University of Veterinary Medicine and Pharmacy in Košice (hereinafter referred to as “UVMP”), 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 by UVMP for the purposes of the admission procedure until the date of registration into the first year of study at the UVMP or for the period of 3 years in case of non-registration to study. This consent includes personal data in the application and its attachments, which except for information according to Section 58 paragraph 3 of Act No. 131/2002 Coll. On Higher Education, the university can require according to Section 58 paragraph 5 of this Act. I give my consent to processing of my data and to using them for statistical information and reporting. I acknowledge that at UVMP (which acts in accordance with Act no. 18/2018 on the Protection of Personal Data and on the Amendment of Certain Acts as a “data controller”) only personnel acting on behalf of data controller with appropriate clearance can work with personal data. Data will be archived and destroyed in line with respective laws and rules of the Registry of UVMP – Internal Regulation No. 65.

I agree to abide by the university policies and procedures. This consent is valid until my written notice (where it is possible under applicable laws).

Date

Signature of applicant