



## APPLICATION FORM

for the academic year 2018/2019

Study programme - **General Veterinary Medicine**

### Personal information

Surname		
Middle name		
First name		
Sex		
Date of birth (DD.MM.YYYY)		
Place of birth	City	
	Country	
Citizenship		
Nationality		
Native language		
Marital status		
Passport details or ID (for EU)	Number of passport	
	Issued by	
	Expiration date	
Person, who will accompany you	Name	
	Age	
	Relation to you	

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



**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	

**Foreign languages**

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: .....

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**