

**CONFIRMATION OF PRACTICE**

To whom it may concern,

In order to achieve extra 5 points on top of points gained from entrance exams for 6 year **General Veterinary Medicine study programme** at the University of Veterinary Medicine and Pharmacy in Košice, Slovak Republic, we would like to ask for your confirmation of performance of the applicant's practice at your veterinary practice.

Thank you for your cooperation.

Martin Tomko, DVM, PhD  
Vice-Rector for Education  
UVMP in Košice, Slovakia

**Name and surname of applicant:**

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Permanent address: .....

Preferred study programme: General Veterinary Medicine

**Name of the veterinary practice:**

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Address: .....

Telephone number: .....

E-mail: .....

Name of the supervising veterinary surgeon: (name, surname, academic and scientific degrees):

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I confirm that above mentioned applicant has performed a professional practice under my supervision with minimum duration of 6 months.

Date: .....

Stamp and signature: