

CONFIRMATION OF PRACTICE

To whom it may concern,

In order to achieve extra 5 points on top of points gained from entrance exams for 3 year **Veterinary Nurse 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 focused on small animals or horses.

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: Veterinary Nurse

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: