

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Alternative address: \_\_\_\_\_

E-mail contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Academic year: \_\_\_\_\_ Year of study: \_\_\_\_\_ Study programme: \_\_\_\_\_

The University of Veterinary Medicine and Pharmacy in Košice  
Study Office / Study Programmes in English Language  
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MATTER  
**REQUEST**

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_