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| --- | --- | --- | --- |
| 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 KošiceStudy Office Study Programmes for English Language |
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MATTER

**REQUEST for borrowing a room**

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| --- |
| Date and time (from - until):Preferred room:For the purposes of:Topic:Invited speakers / guests:Invited audience:Number of participants / students:Additional notes / requests: |
| Date: |  | Signature: |  |