

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 for English Language

MATTER

REQUEST for borrowing a room

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: _____