Dental Medicine

## **REGISTRATION FORM - ...... year of study**

## Fill in block letters please!

Surname:
First Name:
Maiden Name:
Date of birth: Place of birth (city, country):
Citizenship: Nationality:
Marital status: single married divorced
Passport/ID card number: Valid until:
Country and Date of Issue:
Stay permit No.: Valid until:
Permanent address (home-country):
Street, No.: Phone No.:
City:
Post code: Country:
Temporary address in Slovakia:
Street, No.: Phone No.:
e-mail:
City: Post code:
Name of the house/flat owner:
For purposes of scholarship:
Bank (in Slovakia): Account Number:
- I agree that any Personal Data Processing concerning my study may be used for official purposes only, according to Slovak Law No 428/2002 Coll.
<ul> <li>I confirm that all the data given is true, I have not knowingly withheld any important information and I am aware of the consequences resulting from any false information given.</li> </ul>
Any changes to the above must be reported to the Study Department promptly!!!

In Košice, date:

Signature of Student

Signature of Student

Registration stamp and signature of Student Affairs Officer