

Application Form

Applicant's first name, surname, academic title:

Birth surname:

Date and place of birth:

Permanent address (including postal code):

E-mail address / telephone contact:

Name of the faculty:

Period of studies / year of graduation:

I request the issuance of¹:

Confirmation of the period of study ☐ Transcript of the study plan ☐ Transcript of study results ☐

Confirmation of the right to use the academic title "Mgr." ☐

Copy of the State examination certificate ☐

Copy of the Diploma Supplement ☐

Transcript of Diploma²:

Bachelor's ☐ Master's ☐ Rigorous ☐ Doctoral ☐ PhD. ☐

Candidate of Sciences (CSc.) ☐ Transcript of Certificate of specialization ☐

This document will be submitted for apostille / superlegalization by the Ministry of Education, Research, Development and Youth of the Slovak Republic³:

Yes ☐

No ☐

I will pay the administrative fee via⁴:

Internet banking ☐

Postal money order ☐

In

.....
Applicant's handwritten signature

¹ please mark as appropriate, mark the requested document with a cross

² please mark as appropriate, mark the requested document with a cross

³ mark whether the document will be submitted with a cross

⁴ mark the method of payment with a cross