



Comenius University Bratislava
Faculty of Medicine

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Slovakia

Dean's office
Department for Foreign Students

Surname:

First name:

Email:

Study programme: Year of study:

Address: Street, number:

Post code, town:

Country:

To : Dean of the Faculty of Medicine, Comenius University Bratislava

Re.: REQUEST:

(Write also reason of the request)

Dear Sir,

Date :

.....

signature

