



Comenius University Bratislava
Faculty of Medicine

Špitálska 24
813 72 Bratislava
Slovakia

Dean's office
Department For Study in English Language

Certificate of Eligibility to Study

Name and Surname of the Applicant:

Date of Birth:

Residence:

Based on the medical examination that I have conducted I hereby confirm that the
aforementioned person is able to study at a university level in a medical study field.

In
date

.....
doctor's stamp and signature

