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| FILING OFFICE STAMP |

**APPLICATION FOR THE RECOGNITION OF FOREIGN UNIVERSITY EDUCATION AND QUALIFICATIONS IN THE CZECH REPUBLIC**

***pursuant to Sections 89 and 90 of Act No. 111/1998 Sb., on universities***

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| ***Applicant’s details*** | First name: | Surname | | Surname at birth |
|  | Sex M F | Date of birth | | Nationality |
| ***Permanent residence*** | Street | House No. | | City district |
|  | Municipality/Town/City | Postcode | | Country |
| ***Mailing address*** | Street | House No. | | City district |
|  | Municipality/Town/City | Postcode | | Country |
| ***Contact details:*** | E-mail | | Phone | |
| ***Attorney-in-fact\**** | First name\* | | Surname\* | |
| ***Mailing address*** | Street\* | House No.\* | | City district\* |
|  | Municipality/Town/City\* | Postcode\* | | Country\* |
| ***Contact details***\* | E-mail\* | | Phone\* | |
| ***University from which the applicant graduated*** | Name in the original language (in Roman alphabet) | | Name in English or Czech | |
| ***Address of the university*** | Street | House No. | | City district |
|  | Municipality/Town/City | Postcode | | Country |
| ***Completed study programme:*** | Name of the study programme in the original language (in Roman alphabet) | | Name of the study programme in English or Czech | |
| ***Field of study*** | Name of the field of study in the original language (in Roman alphabet) | | Name of the field of study in English or Czech | |
|  | Type of programme Bachelor’s Master’s Doctoral, or state other qualification | | | |
| ***Statutory declaration*** | **By signing hereof I declare that my foreign university education has not been recognized in the Czech Republic before, and that I have not applied for the recognition of foreign university education and qualifications at another university in the Czech Republic.** | | | |
| Date | | | Signature | |