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**APPLICATION TO HAVE THE TIME LIMIT TO SUBMIT THE DOCUMENTS FOR THE RECOGNITION OF FOREIGN UNIVERSITY EDUCATION AND QUALIFICATIONS IN THE CZECH REPUBLIC EXTENDED**

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| ***Applicant’s details*** | First name | Surname | | Surname at birth |
| E-mail | | | |
| ***Attorney-in-fact\**** | First name\* | | Surname\* | |
| E-mail\* | | | |
| ***Invitation to submit documents*** | Ref. No. | | Date of invitation | |
| ***Please extend the time limit to submit documents until:*** | | | | |
| ***Reasoning:*** | | | | |
| Date | | | Signature | |