***Recipient – University***

## Request

**for the recognition of a foreign university diploma and qualifications**

in accordance with § 89 Para 1 Letter b) Law no. 111/1998 Coll. on universities and on amendment and augmentation of other laws

(Law on universities)

|  |  |
| --- | --- |
| **First and last name of the diploma holder** | |
| Nationality | Date of birth |
|  | Gender M/F |

|  |  |
| --- | --- |
| **Address of permanent residence (or a foreign address if the applicant does not have a permanent address in the Czech Republic)** | |
| **Street** |  |
| **City** | **Post code** |
| **Country** | **E-mail Phone** |

|  |  |
| --- | --- |
| **Achieved university education: ⁯ Bachelor ⁯ Masters ⁯ Doctoral** | |
| **Name:** |  |
| **Based in (city):** | **Based in (country):** |
| **Date of enrollment in studies:** | **Date of completion of studies:** |
| **Study programme (in Czech language):** |  |
| **Study discipline (in Czech language):** |  |

|  |  |
| --- | --- |
| **Postal address** | |
| **Street** |  |
| **City** | **Post code** |
| **Country** |  |

|  |  |
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| **Purpose of the request for the recognition of a foreign university diploma and qualifications:[[1]](#footnote-1)\*)** | |
| * *To pursue further studies in the Czech Republic (give the name of the university in the Czech Republic)* | |
| * *To pursue employment in the Czech Republic (give the name of your employer in the Czech Republic)* | |
| * *To record a foreign degree in personal documents* | |
| * *Another purpose* | |
| **I confirm that I have not previously applied for the recognition of this foreign university diploma at any other public university in the Czech Republic** | |
| **Date** | **Applicant’s signature** |

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| **Enclose the following documents with your request:** |
| 1. **Certified copy of your diploma** |
| 1. **Certified copy of successfully completed examinations** |
| 1. **Certified translations of both documents into the Czech language (not required if your original documents are in English)** |
| 1. **Warrant of attorney if authority is given to another person by a diploma holder to submit the request.** |

1. \*) *Check corresponding option/s; should you choose ”another purpose", please specify*. [↑](#footnote-ref-1)