

APPLICATION FOR THE RECOGNITION OF FOREIGN HIGHER EDUCATION IN THE CZECH REPUBLIC in accordance with Sections 89 and 90 of the Act No. 111/1998 Coll. on Higher Education Institutions

**Application fee
(3000 CZK)**

Order number (ID) from the Shopping Center IS MU:
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**Personal data of the
applicant**

Name:	Surname:	
Former surnames (e.g. maiden name):*		Sex:
Nationality:	Date and place of birth:	

**Permanent residence
address of the applicant**
(in the Czech Republic,
eventually abroad)

Street and house number:		
City:	Postcode:	Country/State:

**Address for
correspondence** (address
for delivery of the decision)
**and contact details of the
applicant**

Street and house number:		
City:	Postcode:	Country/State:
E-mail:		Phone number:

**Assignee on the basis
of a power of attorney****

Name:	Surname:	E-mail:
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**Address for
correspondence of the
assignee** (address for
delivery of the decision)**

Street and house number:		
City:	Postcode:	Country/State:

**Foreign education
(of which recognition is
sought)**

Name of attended foreign university in authentic wording (in roman letters):		
Name of attended foreign university translated to Czech or English language:		
Address of attended foreign university:	State of attended foreign university:	Official web site of attended foreign university:
Name of attended degree programme/field of study in authentic wording (in roman letters):		
Name of attended degree programme/field of study translated to Czech or English language:		
Date of beginning of study:	Date of graduation of study:	Standard length of study:
Level of education of which recognition is sought:	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's
		<input type="checkbox"/> Doctoral

**Purpose for
the application**

<input type="checkbox"/> Studies in the CR (name of the institution):	<input type="checkbox"/> Employment in the CR	<input type="checkbox"/> Other purpose:
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Closing declaration

Hereby I declare that all information provided by me in this application is correct and true and that attached documents are related to my person. I furthermore hereby confirm that the above mentioned foreign higher education has not been recognized in the Czech Republic to date and that at the time of the submission of this application no such case is being processed by any university or other administrative body in the Czech Republic.	
Date:	Signature of applicant:

* Necessary to document

** Necessary to fill in in cases where the applicant is represented by another person; necessary to document by a certified power of attorney (including authentication of applicant's signature) in a paper form