**Request for recognition of foreign university education and qualification**

(zákon o vysokých školách) / according to § 89 paragraph 1 point b) Act No. 111/1998 Coll., on universities and amending other Acts(Higher Education Act)

|  |  |
| --- | --- |
| Name and surname of diploma holder  Male/Female | |
| Nationality | Date of birth |

|  |  |
| --- | --- |
| Address of permanent residence (if the recipient has not permanent address in Czech Republic, indicate the address abroad) | |
| street |  |
| city | Zip code |
| country | e-mail: Phone |

|  |  |
| --- | --- |
| Graduation University |  |
| Faculty: | |

|  |  |
| --- | --- |
| Web of university | |
| E-mail of univerzity \* | |
| Address of university | |
| Residency (city): | Residency (country): |
| Beginning of the study: | End of the study: |
| Study program (in English and Czech): | |
| Field of study (in English and Czech: | |

|  |  |  |
| --- | --- | --- |
| **I am requesting recognition of university education in study program:** | | |
| Bachelor | Master | Postgraduate |

|  |  |
| --- | --- |
| Address to which the decision should be sent (if the recipient has not permanent address in Czech Republic, indicate the address abroad) | |
| Name and surname |  |
| street |  |
| city | Zip code |
| country |  |

|  |  |  |
| --- | --- | --- |
| I confirm that by now my foreign higher education has not been recognized in the CR nor have I applied for the recognition of foreign higher education qualifications to any other university in the CR | | |
| Date | | Signature of the applicant |
| **Enclose the following documents** | |
| 1. Certified copy of diploma | |
| 1. Certified copy of the performed examinations | |
| 1. Official translations (by court interpreter or by embassy of Czech Republic abroad) | |
| 1. Notarised power of attorney for the representative, if the holder of a diploma authorized another person to submit the request. | |

|  |
| --- |
| The applications for recognition of foreign higher education qualifications in the field of medicine to be filed with the Rector’s Office of Charles University in Prague  (address: The Charles University in Prague, Student Affairs Office, Ovocný trh 3-5, 116 36 Praha 1) |