**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)

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

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| 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: |

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| --- |
| 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: |

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

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| 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 |  |

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| 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
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| 1. Certified copy of the performed examinations
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| 1. Official translations (by court interpreter or by embassy of Czech Republic abroad)
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| 1. Notarised power of attorney for the representative, if the holder of a diploma authorized another person to submit the request.
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| 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) |