Name and address of the Regional Authority

# Application for the Recognition of Foreign Education in the Czech Republic

pursuant to Section 108 of Act No. 561/2004 Coll., on pre-school, primary, secondary, higher vocational and other education (the Education Act), as amended

**Applicant**

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| --- | --- |
| **First name:** | **Surname:** |
| **Surname at birth** (necessary to document)**:** | |
| **Date of birth:** | **Nationality:** |
| **Address of permanent residence in the Czech Republic:** | |
| **Address for correspondence** (if different from the address of permanent residence in the Czech Republic)**:** | |
| **\*) Phone number:** | **\*) E-mail address:** |

**Education Completed at Foreign School**

|  |  |
| --- | --- |
| **Name of the foreign education certificate:** | |
| **Certificate No.:** | **Date of certificate issue:** |
| **Study start date:** | **Study completion date:** |
| **Name of foreign school:** | |
| **Location of foreign school:** | **Country of study:** |
| **Foreign education completed: 🞎 primary 🞎 secondary 🞎 higher vocational** | |
| **Form of study: 🞎 full-time 🞎 distance 🞎 other** | |
| **Previous education** (name of school and length of study)**:** | |

**Applicant’s Representative**

|  |  |
| --- | --- |
| **🞎 legal representative** (if the applicant is a minor) **🞎 legal guardian** | |
| **First name:** | **Surname:** |
| **Date of birth:** | **Date of granting power of attorney:** |
| **Permanent address:** | |
| **Mailing address in the Czech republic** (if different from the permanent address)**:** | |
| **\*) Phone number:** | **\*) E-mail address:** |

**Attachments (originals or certified copies)**

|  |  |
| --- | --- |
| **🞎 foreign certificate of education completed, with an officially certified translation** | |
| **🞎 proof of the content and scope of education, with an officially certified translation** | |
| **🞎 proof that the school is recognized by the state under whose legal system the foreign certificate was issued as part of its educational system** (not required if this fact is apparent from the foreign certificate and if the Czech Republic is bound by an international treaty to recognize the foreign certificate as equivalent), **with an officially certified translation** | |
| **🞎 power of attorney** (if the applicant authorized another person to represent them in the proceedings) | |
| **🞎 proof of residence in the territory of the Czech Republic** | |
| **🞎 proof of payment of the administrative fee in the amount of CZK 1,000** | |
|  | |
| **I hereby declare that the information provided is correct and true.** | |
| **Date:** | **Signature of applicant/representative:** |

**\*) optional information**