

**To the Centre for Quality Assessment in Higher Education**  
(A. Goštauto g. 12, LT-01108 Vilnius, Lithuania)

## APPLICATION FOR ACADEMIC RECOGNITION OF FOREIGN QUALIFICATION

201 \_\_\_\_\_  
(year) (month) (day)

Please fill in the form in capital letters.

The application will not be processed unless it is fully filled in, duly signed, and supplemented with full documentation package.

All the enclosed documents must be originals or certified true copies. The certified true copies and translations of documents will not be returned and/or forwarded to third parties.

The Centre reserves the right to request for the originals of your credentials for verification purposes at anytime during the processing of your application. The submitted originals will be returned in a registered letter or they can be picked up in our office. In case you will be handing in the originals to our office in person, you will be asked to sign the submitted original credentials sheet (does not apply when submitting the credentials by post).

1. QUALIFICATION HOLDER'S PERSONAL DETAILS	
Full name	
Previous name (If changed)	
Title	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
Date of birth (year-month-day)	
Citizenship	
E-mail address	
Phone No.	
Full postal address	

2. QUALIFICATION SUBMITTED FOR RECOGNITION	
Title of the qualification <small>(in the original language using Latin letters)</small>	
Name of the educational institution <small>(in the original language using Latin letters)</small>	
Country	
Place of study (address)	
Mode of study	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> self (external) study <input type="checkbox"/> adult education <input type="checkbox"/> other _____
Method of study	<input type="checkbox"/> educational institution <input type="checkbox"/> representative office, branch <input type="checkbox"/> distance education <input type="checkbox"/> other _____
Date of admission (year and month)	
Date of graduation (year and month)	
Have you applied for evaluation/recognition of this qualification in Lithuania before?	<input type="checkbox"/> no <input type="checkbox"/> yes _____ <small>(date and institution)</small>

3. THE PURPOSE OF RECOGNITION	
Further studies	<input type="checkbox"/> Professional Bachelor <input type="checkbox"/> Bachelor <input type="checkbox"/> Integrated studies <input type="checkbox"/> Master <input type="checkbox"/> Doctoral studies
Employment	<input type="checkbox"/>
Other	<input type="checkbox"/>

4. FURTHER EDUCATION (obtained <u>after</u> the qualification for which recognition is sought )					
Title of the qualification (in the original language using Latin letters)	Duration of studies (year started and completed)	Name of the educational institution (in the original language using Latin letters)	Place of study (address)	Mode of study	Additional information

5. PREVIOUS EDUCATION (obtained <u>before</u> the qualification for which recognition is sought )					
Title of the qualification (in the original language using Latin letters)	Duration of studies (year started and completed)	Name of the educational institution (in the original language using Latin letters)	Place of study (address)	Mode of study	Additional information

6. ENCLOSED DOCUMENTS	
<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Academic transcript/Diploma supplement
<input type="checkbox"/>	Passport
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<b>Additional information</b>	

7. AUTHORIZED REPRESENTATIVE'S PERSONAL DETAILS (to be filled in if the holder of the qualification is represented by an authorized person who has provided an acceptable form of identification and a valid letter of authorization, which outlines the actions related to the processing of the application that the authorization is given to perform) and is attested in accordance with governing legal acts (by a notary public or another competent body)	
Full name	
E-mail	
Phone No.	
Full postal address	

8. ADDITIONAL INFORMATION

9. APPLICANT'S AUTHORISATION	SUTIKIMAS
<p>I hereby give authorization to the Centre for Quality Assessment in Higher Education to forward and receive my personal data to and from competent third parties (including, but not limiting to the awarding bodies, bodies administering the studies, authorities responsible for education and mobility, quality assurance agencies, etc.) for the purposes of gathering information necessary to make a decision regarding academic recognition of my qualification (concerning, but not limiting to verification of credentials, determination of the actual place and mode of study).</p>	<p>Sutinku, kad Studijų kokybės vertinimo centras dėl faktinių aplinkybių, reikalingų sprendimui dėl užsienio kvalifikacijos pripažinimo, nustatymo (įskaitant išsilavinimo dokumentų autentiškumo ir išdavimo teisėtumo, faktinės studijų vietos ir (ar) būdo nustatymą) teiktų mano asmens duomenis institucijoms, kurios yra kompetentingos teikti tokią informaciją (įskaitant, bet neapsiribojant kvalifikacijos suteikėju (-ais), baigto mokymo (studijų) organizatoriumi (-iais) ir (ar) įgyvendintoju (-ais), valstybės švietimą administruojančiomis institucijomis, už mokymo (studijų) kokybę atsakingomis ir (ar) jos priežiūrą vykdančiomis institucijomis, su asmenų judumu susijusią informaciją renkančiomis ir (ar) disponuojančiomis institucijomis bei kt.) ir gautų iš jų duomenis.</p>

I agree \_\_\_\_\_  
(signature) (applicant's full name)

I disagree\*. Please indicate the reason for disagreeing:  
\_\_\_\_\_  
\_\_\_\_\_ (signature) (applicant's full name)

**\* IF OUR OFFICE WILL NOT HAVE SUFFICIENT INFORMATION FOR AN ACADEMIC RECOGNITION DECISION, YOUR DISAGREEMENT MAY RESULT IN TERMINATION OF THE PROCESSING OF YOUR APPLICATION.**

9. APPLICANT'S SIGNATURE
<p>I hereby confirm that:</p> <ul style="list-style-type: none"> <li>- the information stated in this application is true and the submitted documentation is authentic and issued to me;</li> <li>- I understand that provision of false information and/or submission of fraudulent documentation will influence the outcome of the recognition of my qualification and it will be reported to the competent law enforcement authorities;</li> <li>- I understand that I have the right to review my personal data collected by the Centre for Quality Assessment in Higher Education and request for modification of any incorrect, incomplete, and inaccurate information.</li> </ul>

\_\_\_\_\_ (signature) (applicant's full name)

**Note.** Before submitting the application, please make sure it is properly completed and signed.