

**APPLICATION FORM
DIPLOMA RECOGNITION FORM
MINISTRY OF EDUCATION AND SPORT**

In case of questions, please contact:

E-mail: senjod@arsimi.gov.al

Web: www.arsimi.gov.al

Note: Please fill in carefully and clearly the information required in the spaces below

SPACE TO BE USED ONLY BY THE INSTITUTION

SECTION A: INFORMATION ABOUT THE APPLICANT

| | | | |
|--------------------|------------------|--|-------------------|
| 1. Name * | Name | 2. Surname* | Surname |
| 3. Father's Name * | | 4. ID* <i>Identification Number</i> | Austri-001122 |
| 5. Gender * | Male Female | 6. Date of birth* | (Date/Month/Year) |
| 7. Place of Birth* | | 8. Nationality/Citizenship* | Austria |
| 9. Address | | | |
| 10. City* | | 11. Region* | |
| 12. Postal Code | | 13. E-mail* | |
| 14. Mobile no. * | | 15. Telephone no. | |

SECTION B: SPECIFIC INFORMATION REGARDING THE APPLICATION

| | | | |
|--|--|--------------------|-------------------|
| 16. Degree to be recognized * | Study program up to two years after high school Bachelor Master Third cycle of studies (Executive Master / Long-term specialization / Doctoral Studies) | | |
| 17. Degree title* | | | |
| 18. Name of the University/ Institution* | | | |
| 19. Admitted in* | (Date/Month/Year) | 20. Graduated on * | (Date/Month/Year) |
| 21. Official duration of study program* (Years) | | 22. Semesters | |
| 23. Entry requirement for this level of study * | High School Bachelor Second cycle of studies (master of science/professional master) | | |
| 24. Study level that can be pursued with this | Second cycle of studies (master of science/professional master) | | |

degree

- Third cycle of studies (PhD)
- Post Doctoral studies
- Does not give access to further studies

25. Official contacts of the university/institution

Address

City Country

Postal Code Email*

Telephone no.


26. Personal account on the website of the university

Full link

Username Password

27. Instructions on how to access the portal of the university

SECTION C: DOCUMENTS SUBMITTED 

- Legalized diploma  No file chosen
- Legalized transcript  No file chosen
- Identification document No file chosen
- CV No file chosen

Payment form Payment slip Online payment

DECLARATION CLAUSE

I the undersigned Name Surname aware of criminal responsibility arising from disclosure of data and presentation of false circumstances , under my personal responsibility declare that the data contained in this form are true.