APPLICATION FORM

FOR THE VALIDITY OF THE DIPLOMA

QENDRA E SHËRBIMEVE ARSIMORE
MINISTRIA E ARSIMIT SPORTIT DHE RINISË

Nëse keni pyetje, lutemi kontaktoni:	HAPËSIRË E REZERVUAR VETËM PËR INSTITUCIONIN
Tel: E-mail: krisli.mico@qsha.gov.al E-mail: elida.begaj@qsha.gov.al Web: www.qsha.gov.al	
***Shënim**: Ju lutem plotësoni me kujdes dhe qartë informacionin e kërkuar në fushat më poshtë.*	

SEKSIONI A: INFORMATION ABOUT THE FOREIGNER

1. Given name

2. Surname

3. Father's name

4. NID *personal identification number*

5. Sex ☐ **Male** ☐ **Female**

6. Date of birth *Data Muaji Viti*

7. Place of birth

8. Nationality

9. Address

10. E-mail

11. Telephone no.

SEKSIONI B: INFORMATION ABOUT THE APPLICATION

12. Diploma recognition ☐ Study program (two years after high school) ☐ Bachelor ☐ Master ☐ Executive Master/Long term specialization

13. The study program to be recognized

14. The name of the higher education institution *(IAL)*

15. Accepted *Data Muaji Viti*

16. Graduate *Data Muaji Viti*

17. Official duration *(years)*

18. Semester

19 The level of studies required for admission to this study program

☐ High school ☐ Bachelor ☐ Scientific/Professional master

20. The level of studies that can be followed by the diploma you have submitted the application for recognation

☐ Scientific/Professional master ☐ PHD ☐ Post PHD ☐ Not giving acces to further studies

21. Official contacts of the universities/Institutions where you graduated (Obligatory)

Adress

City

Nationality

Zip Code

E-mail

Web adress

Telephone no.

Ky formular është standardizuar nga ADISA

ADISA VËMENDJA JONË.TI
AGJENCIA E OFRIMIT TË SHËRBIMEVE PUBLIKE TË INTEGRUARA
AGENCY FOR THE DELIVERY OF INTEGRATED SERVICES ALBANIA

22.. The student account information on the website of the higher education institution

User account IAL *(optionally)*

Username

Password

DECLARATION

I, the undersigned _____ aw**are of the criminal liability arising from filing and disclosure of false data and circumstances, under my responsability, declare that the information presented in this form is true and in occardance** with law **No. 9887 "on the protection od the personal data" amended, I, under my free will, authorize the institution to process and use my personal data for statistical purposes and reviewing the application.**

The following authorization is valuntary

☐ **I authorize the institution to process my personal data (name, surname, telephone number or e-mail) summarized above to conduct automated surveys to get my opinion on the quality of the service delivery.**

Application's signature

Date *Month* *Year*