

_____ (applicant's first name and surname)

_____ (address (street, house and apartment, city, state, post code, country))

_____ (contact data)

To the Centre for Quality Assessment in Higher Education

APPLICATION FORM FOR EVALUATION OF FOREIGN QUALIFICATION GIVING ACCESS TO HIGHER EDUCATION

20 _____ (year) _____ (month) _____ (day)

Hereby I apply for an evaluation of my foreign qualification giving access to higher education for the purposes of further
 study, employment, other (please specify) _____ in Lithuania.

I. QUALIFICATION HOLDER'S PERSONAL DETAILS

Personal No. _____ (if applicable) Date of birth _____ (year) _____ (month) _____ (day)

Previous first name and/or surname (if changed) _____ Title Mr Ms

Citizenship Lithuanian other (please specify) _____

Work tel. _____ Home tel. _____ Mobile tel. _____ E-mail _____

II. INFORMATION REGARDING THE QUALIFICATION

The qualification for which evaluation is sought has already been evaluated by the Centre _____ (No and date of the issued evaluation statement)

Please list all educational institutions, including postsecondary education institutions (if any), which you have attended and/or completed:

Name of educational institution	Address (street, city, state)	Year started and completed	Mode of study (DE, FT, IS, PT)*	Title of qualification

* DE – distance education, FT – full-time, IS – individual (external) study, PT – part-time

Total duration of schooling 10 years 11 years 12 years 13 years

III. ADDITIONAL INFORMATION (to be filled out only if you are planning to study)

Information on languages:

- Language(s) of instruction was (were) Belorussian English French German Latvian Lithuanian Polish Russian other (please specify) _____
- Foreign languages taken at school English French German Russian other (please specify) _____

Please list the higher education institution(s) and the study program(s) that you are planning to enter in Lithuania *:

No.	Higher education institution	Study program
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

* Information on Lithuanian higher education institutions and study programs offered by them is available at: <http://www.aikos.smm.lt/> . Additional information can be provided by higher education institutions.

IV. QUALIFICATION HOLDER'S CONSENT

I agree to my foreign qualification being evaluated by the Centre for Quality Assessment in Higher Education.

I agree to my personal data being forwarded to and/or received from competent institutions for the purposes of determining the authenticity and validity of my credentials, if such is necessary for evaluation of my foreign qualification in the Republic of Lithuania*.

I certify that the information stated in this application form is true and I am aware that provision of false information may affect the outcome of the evaluation of my qualification.

(signature)

(first name and surname)

* This consent is also valid for competent institutions located in third countries, which are not members of the European Union.

V. AUTHORIZED REPRESENTATIVE'S PERSONAL DETAILS (if applicable)*

First name _____ Surname _____ Tel. _____ E-mail _____

Mailing address _____

(street, house and apartment , city, state, post code, country)

* If the application form is filled out and the consent is signed by an authorized representative, s/he should provide a valid letter of authorization certified in accordance with governing legal acts (by a notary public or another competent body), which clearly states that the authorization is given to fill out and sign this application form as well as give a consent to process qualification holder's personal data on behalf of the holder of the qualification.

ENCLOSED:

No.	Enclosed document	The original document is submitted	A certified copy of the document is submitted	Number of pages	Number of copies
1.	Diploma	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Academic transcripts	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Passport	<input type="checkbox"/>	<input type="checkbox"/>		
4.		<input type="checkbox"/>	<input type="checkbox"/>		
5.		<input type="checkbox"/>	<input type="checkbox"/>		
6.		<input type="checkbox"/>	<input type="checkbox"/>		
7.		<input type="checkbox"/>	<input type="checkbox"/>		
8.		<input type="checkbox"/>	<input type="checkbox"/>		
9.		<input type="checkbox"/>	<input type="checkbox"/>		
10.		<input type="checkbox"/>	<input type="checkbox"/>		

(signature)

(first name and surname)

Note: If this application form is incomplete, not duly signed, and not supplemented with all the necessary documents, the evaluation of your qualification will not be started.