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*Corresponding address of applicant, e-mail, telephone number*

**CU, Rector's office  
Department of Study Affairs  
Šafárikovo námestie 6, P. O. BOX 440  
814 99 Bratislava 1**

*Date* .....

**Application for recognition of documents on education**

*Name and surname of applicant* .....

*Date and place of birth* .....

*Name and address of university which issued the documents*  
.....

*Name of country where the study was carried out* .....

*Name and registration number of the main document on education*  
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*Degree of completed education* .....

*Name of completed field of study* .....

*Year of graduation* ..... *awarded foreign academic title* .....

*Purpose of recognition of documents* .....  
*(continued study, performing a non-regulated profession, issue of the EU blue card, authorization to use academic title)*

**Attachments:**

1. a certified copy of a document issued by a recognized university (authenticated by apostille seal) and certified translation into the official language of the Slovak Republic
2. a certified copy of the transcript of completed subjects and examinations taken or a certified copy of a diploma supplement if issued by a recognized university and certified translation into the official language of the Slovak Republic
3. a copy of a document on education prior to the education which is the subject of the application
4. a copy of proof of identity
5. a proof of payment of executory costs

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*Handwritten signature of the applicant*