



HARIDUS- JA NOORTEAMET

## APPLICATION FOR THE ASSESSMENT OF A FOREIGN EDUCATIONAL QUALIFICATION

1. PERSONAL DATA		
Given name(s)	Surname	
Date of birth		
Telephone		
E-mail address		
Please deliver the statement (please choose one of the following options)		
in person	digitally signed by e-mail	by post
Postal address (if you prefer the statement to be delivered by post)		

  

2. QUALIFICATION PRESENTED FOR EVALUATION	
Educational institution (in original language)	
Address of the educational institution (city)	
Country	
Place of studies	
Name of the credential (in original language) ( <i>Diploma, Certificate, Todistus, etc.</i> )	
Qualification/degree/title obtained (in original language)	
Name of study programme (major)	
Mode of study (full time, part time, evening courses, e-learning, etc.)	
Nominal length of study	years
Beginning of studies (month/year)	
Completion of studies (month/year)	

Graduation requirements: Thesis Examination(s) Other
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<b>3. PREVIOUS EDUCATION</b>
Name of the educational institution (in original language)
City/administrative unit/country
Name of the credential/qualification (in original language)
Year of graduation

<b>4. THE PURPOSE OF EVALUATION</b>
For further study Applying for a job Other

I hereby confirm that all data submitted in this application are correct.

I agree that my educational document can be forwarded to the awarding institution for verification of the authenticity.

I hereby give consent to process my personal data.

I hereby request that my educational data is entered into the Estonian Education Information System (EHIS) (applicable to Estonian identification code holders only)

Date

Signature

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