



HARIDUS- JA NOORTEAMET

APPLICATION FOR THE ASSESSMENT OF A FOREIGN EDUCATIONAL QUALIFICATION

1. PERSONAL DATA

Given name(s) Surname

Estonian identification code, or in its absence 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 (city)

Name of the credential (in original language) (*Diploma, Certificate, Todistus, etc.*)

Qualification/degree/title obtained (in original language)

Name of study programme/major (in original language)

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	<input type="checkbox"/>
Examination(s)	<input type="checkbox"/>
Other

3. PREVIOUS EDUCATION

Name of the educational institution (in original language)

City/administrative unit/country

Name of the credential/qualification (in original language)

Year of graduation

4. THE PURPOSE OF EVALUATION

For further study

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Applying for a job

☐

Other

5. EHIS

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

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

I hereby give consent to process my personal data.

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

Date

Signature