



APPLICATION FORM

FOR THE VALIDITY OF THE DIPLOMA



QENDRA E SHËRBIMEVE ARSIMORE
MINISTRIA E ARSIMIT SPORTIT DHE RINISË

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

SEKSIONI A: INFORMATION ABOUT THE FOREIGNER

| | | | |
|--------------------------|---|--|--|
| 1. Given name | <input type="text"/> | 2. Surname | <input type="text"/> |
| 3. Father's name | <input type="text"/> | 4. NID personal identification number | <input type="text"/> |
| 5. Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female | 6. Date of birth | <input type="text"/> <small>Data Muaji Viti</small> |
| 7. Place of birth | <input type="text"/> | 8. Nationality | <input type="text"/> |
| 9. Address | <input type="text"/> | | |
| 10. E-mail | <input type="text"/> | 11. Telephone no. | <input type="text"/> |

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

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

| | | | |
|-------------------|----------------------|----------------------|----------------------|
| Adress | <input type="text"/> | | |
| City | <input type="text"/> | Nationality | <input type="text"/> |
| Zip Code | <input type="text"/> | E-mail | <input type="text"/> |
| Web adress | <input type="text"/> | Telephone no. | <input type="text"/> |

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

User account
IAL (optionally)

Username

Password

DECLARATION

I, the undersigned _____ aware of the criminal liability arising from filing and disclosure of false data and circumstances, under my responsibility, declare that the information presented in this form is true and in accordance with law No. 9887 “on the protection of 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 voluntary

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

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Date

Month

Year