

APPLICATION FOR RECOGNITION FOR ACCESS TO EDUCATION

Pursuant to the *Act on Assessment and Recognition of Education* (Ur. l. RS No 87/2011 and 97/2011) and the *Rules on forms, documents and fees in procedures for assessment and recognition of education*, I, the undersigned, hereby apply for recognition for access to education at educational institution in the Republic of Slovenia to establish the right to the access, application and treatment in the enrolment procedures on the basis of the submitted foreign educational documents.

COMPLETE THE FORM IN BLOCK CAPITALS!

EDUCATIONAL INSTITUTION (*name and official address of the school, other educational establishment or a higher educational institution, where the holder wants to continue their education*):

I. A. INFORMATION REFERING TO THE HOLDER OF THE CERTIFICATE/DIPLOMA

(as on the identification document):

FIRST NAME: _____ SEX (ENCIRCLE): M/F

LAST NAME: _____ CITIZENSHIP: _____

MAIDEN NAME (of the HOLDER OF THE CERTIFICATE/DIPLOMA): _____ DATE OF BIRTH (*day, month, year*): _____

MAILING ADDRESS (permanent or temporary) where you can actually be reached:

Street and number: _____

Postal code, place: _____ Country: _____

PHONE where you can actually be reached: _____ E-MAIL: _____

I. B. INFORMATION REFERING TO THE LEGAL GUARDIAN of the minor holder of the certificate/diploma

(as on the identification document):

FIRST NAME: _____ RELATIONSHIP OF THE LEGAL GUARDIAN _____
with the holder of the certificate/diploma

LAST NAME: _____

MAILING ADDRESS (permanent or temporary) where you can actually be reached:

Street and number: _____

Postal code, place: _____ Country: _____

PHONE where you can actually be reached: _____ E-MAIL: _____

II. A. INFORMATION ABOUT THE COMPLETED EDUCATION/EDUCATIONAL PROGRAMME

NAME OF THE CERTIFICATE OR DIPLOMA - PROVING COMPLETED EDUCATION

(*in the original language or transcription, as appropriate*):

ISSUING EDUCATIONAL INSTITUTION: _____

(*in the original language or transcription, as appropriate*)

DATE OF ISSUE (*day, month, year*): _____ PLACE OF ISSUE (city, country): _____
(of the certificate or the diploma): (of the certificate or the diploma):

PLACE OF ACTUALL CARRYING OUT OF EDUCATION: _____

NAME OF THE PROGRAMME (*in the original language or transcription, as appropriate*):

MAJOR OR CONCENTRATION (*in the Slovene language*):

OFFICIAL DURATION OF EDUCATION (*years, semesters, credit points*): _____

ACADEMIC TITLE OR DEGREE OBTAINED (*in the original language or transcription, as appropriate*):

II.B. INFORMATIONS ABOUT PARTIALLY COMPLETED EDUCATION/EDUCATIONAL PROGRAMME

NAME OF THE CERTIFICATE OR DIPLOMA - PROVING PARTIALLY COMPLETED EDUCATION

(in the original language or transcription, as appropriate):

ISSUING EDUCATION INSTITUTION:

(in original language or transcription, as appropriate)

DATE OF ISSUE *(day, month, year)* :

PLACE OF ISSUE *(city, country):*

PLACE OF ACTUALL CARRYING OUT OF EDUCATION:

NAME OF THE PROGRAMME *(in the original language or transcription, as appropriate):*

MAJOR OR CONCENTRATION *(in Slovene language):*

OFFICIAL DURATION OF EDUCATION *(years, semesters, credit points):*

COMPLETED PART OF THE EDUCATION PROGRAMME *(course, year, semester, examination, and similar):*

EDUCATION FOR THE ACADEMIC TITLE OR DEGREE *(in original language or transcription, as appropriate):*

III. ATTACHMENTS required *(encircle, as appropriate):*

1. original of the certificate/diploma, proving completed or partially completed foreign education
 2. photocopy of the certificate/diploma referred to in the first indent (the same size and shape)
 3. certified Slovene translation of the certificate/diploma referred to in the first indent
 4. photocopy of the evidence on the contents and duration of education and the requirements fulfilled during the educational programme
(Diploma supplement, annual report cards, transcripts or others)
 5. short chronological description of the entire education prepared and signed by the applicant or his legal guardian
- Other (write):

I, the undersigned hereby give my consent that the educational institution in the education recognition process when necessary asks for assessment of my education at ENIC-NARIC centre and that the educational institution can verify the authenticity of the certificate/diploma by the relevant institution which issued the certificate/diploma. By signing the form, I certify that information provided is true and accurate and take full responsibility for it.

THE HOLDER'S FIRST AND LAST NAME

DATE *(day, month, year):*

THE HOLDER'S SIGNATURE:

INFORMATION REFFERING TO THE ATTORNEY-IN-FACT:

FIRST NAME:

LAST NAME:

MAILING ADDRESS (permanent or temporary) where you can actually be reached:

Street and number:

Postal code, place:

Country:

PHONE where you can actually be reached:

E-MAIL:

POWER OF ATTORNEY

I, the undersigned *(first and last name of the holder)* do hereby appoint

(first and last name of the attorney in fact) as my agent to act for me in any lawful way with respect to the matter of recognition for access to education.

SIGNATURE OF THE HOLDER: