

To the LEPL–National Center for Educational Quality
Enhancement (the Center)



(Applicant's Name, Surname)

(Personal/Passport Number)

(Actual Address)

(Legal Address)

(Phone)

(E-mail)

Please provide the Center with the bank
requisites that may be used for refund, (if applicable)

(Beneficiary's Bank)

(Beneficiary's Account)

(Name of Beneficiary)

APPLICATION FORM
(For Recognition of Foreign Education)

I hereby submit the document/documents of _____
(name, surname)
for recognition of foreign education

Document Title	
Document №	
Document Issuing Educational Institution	
Country	
Admitting Educational Institution	

- The Purpose of the Request:
- Continuation of studies
- Employment
- Verification of the authenticity of educational document

I hereby certify that the submitted educational document is authentic. It is issued on behalf of the person indicated in the document, and the issuing educational institution is recognized by the legislation of the country where the institution carries out its educational activities.

I acknowledge that the responsibility for the validity of submitted information lies with the applicant and the decision concerning recognition of foreign education made by the LEPL – National Center for Educational Quality Enhancement is deemed annulled from the moment it was issued upon a failure of the verification of the authenticity of the educational document issued by a foreign institution.

Additional conditions (to be completed only if a person intends to continue his/her studies without passing Unified Entry Examinations/Graduate Record Examinations):

Request to transfer to the Ministry of Education and Science of Georgia the following documents: a document of Recognition of Foreign Education issued by the Center, this Application Form, and accompanying documents.

Certification indicating compliance with the requirements envisaged by the legislation of Georgia for the purpose of continuing studies without passing Unified Entry Examinations/Graduate Record Examinations:

I hereby certify that I am / she/he is (please check one of the following)

A foreign citizen/stateless person who has obtained complete general education or its equivalent in a foreign country;

A citizen of Georgia who has obtained complete general education or its equivalent abroad and who has attended final two years of complete general education in a foreign country;

A student who is studying/has studied in a foreign country and has obtained credits at a higher education institution that is recognized under the legislation of the relevant foreign country;

MA candidate who has obtained a relevant document certifying higher education in a foreign country;

A student who is studying in a foreign country and has obtained credits at MA level at a higher education institution that is recognized under the legislation of the relevant foreign country;

MA candidate who has been enrolled in a higher education institution without passing Unified National Examinations, commensurate with the procedure, envisaged by Paragraph 3 of Article 52 of the Law of Georgia on Higher Education.

Within the scope of the proceedings of this application, I hereby authorize the Center to request and get acquainted with my personal data.

Name of the authorized recipient of a complete document _____

Please send by post

(day, month, year)

(Signature)