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Applicant's mailing address, e-mail, phone number

Pavol Jozef Šafárik University in Košice

Science and Research Department

Šrobárova No. 2

041 80 Košice

Date:

**Re: Application for recognition of the proof of education**

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Name and surname

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Name of the country, university and faculty where the study took place

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Commencement and completion dates of study

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Study programme (branch of study)

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Title of dissertation

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Academic degree awarded, including its abbreviation

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Purpose of recognition of the proof of education

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sign manual