

Protocol E /..... Number:

(Initials)_____

ΚΥΠΡΙΑΚΟ ΣΥΜΒΟΥΛΙΟ ΑΝΑΓΝΩΡΙΣΗΣ ΤΙΤΛΩΝ ΣΠΟΥΔΩΝ $(KY.\Sigma.A.T.\Sigma.)$ CYPRUS COUNCIL FOR THE RECOGNITION OF HIGHER EDUCATION QUALIFICATIONS (KY.S.A.T.S.)

Διεύθυνση: Λεωφόρος Στροβόλου 56

2018 Στρόβολος

Λευκωσία

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APPLICATION FOR RE-EVALUATION

Please read carefully the instructions on page 4, before filling the application

PART A: PERSONAL INFORMATION OF THE APPLICANT

First Name: Sumame: Sex: Male Female Date of birth: Identity Card No/Passport No: Telephone Number: Post code: E-mail: Post code: E-mail: Phart B: APPLICANT'S STATEMENT FOR DEGREE RE-EVALUATION Please re-evaluate my application for the recognition of the degree/award: with protocol number: a. AS 'EQUIVALENT' TO: Diploma OF TWO YEARS POST SECONDARY STUDIES DIPLOMA OF TWO YEARS POST SECONDARY STUDIES HIGHER DIPLOMA BACHELOR'S DEGREE (PTYXIO) CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES I request my degree to be co-evaluated with the following degree(s)			
Sex: Male	First Name:	Contact address:	
Date of birth:	Surname:		
Post code:	Sex: Male Female		
Telephone Number:	Date of birth:		
PART B: APPLICANT'S STATEMENT FOR DEGREE RE-EVALUATION Please re-evaluate my application for the recognition of the degree/award:	Identity Card No/Passport No:	Post code:	
Please re-evaluate my application for the recognition of the degree/award:	Telephone Number:	E-mail:	
a. AS 'EQUIVALENT' TO: D. AS 'EQUIVALENT AND CORRESPONDENT' TO: CEFTIFICATE OF ONE YEAR POST SECONDARY STUDIES BACHELOR'S DEGREE in the field:	PART B: APPLICANT'S STATEMENT FOR DEGREE RE-EVALUATION		
a. AS 'EQUIVALENT' TO: CEFTIFICATE OF ONE YEAR POST SECONDARY STUDIES DIPLOMA OF TWO YEARS POST SECONDARY STUDIES HIGHER DIPLOMA BACHELOR'S DEGREE (PTYXIO) CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	Please re-evaluate my application for the recognition of the degree/award:		
CEFTIFICATE OF ONE YEAR POST SECONDARY STUDIES BACHELOR'S DEGREE in the field: higher diploma BACHELOR'S DEGREE (PTYXIO) CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES		with protocol number:	
DIPLOMA OF TWO YEARS POST SECONDARY STUDIES the field: HIGHER DIPLOMA BACHELOR'S DEGREE (PTYXIO) CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	a. AS 'EQUIVALENT' TO:		
BACHELOR'S DEGREE (PTYXIO) CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	the field:		
CERTIFICATE OF POSTGRADUATE STUDIES MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	HIGHER DIPLOMA		
MASTER'S DEGREE DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	BACHELOR'S DEGREE (PTYXIO)		
DOCTORATE DIPLOMA PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	CERTIFICATE OF POSTGRADUATE STUDIES		
PART C: APPLICANT'S STATEMENT FOR CO-EVALUATION OF DEGREES	MASTER'S DEGREE		
	DOCTORATE DIPLOMA		
I request my degree to be co-evaluated with the following degree(s)	PART C: APPLICANT'S STATEMEN	NT FOR CO-EVALUATION OF DEGREES	

PART D: Please state the reason(s) for the application's re-evaluation and submit relevan
documents.

(Initials)_____

PART E: DECLARATION

I,being aware of all the consequences of the law, declare that the information stated in this application is true and all attached documents are genuine.
I authorize the Cyprus Council for the Recognition of Higher Education Qualifications (KY.S.A.T.S.) to keep in printed or electronic form, all personal data submitted within the recognition procedure, according to the Processing of Personal Data (Protection of Individuals) Law.
Date (dd/mm/yyyy) Signature.
FOR OFFICIAL USE ONLY
Protocol number:
Pending documents:
Date of submission:
Received by: (Name/Surname)
Signature:

INSTRUCTIONS

DOCUMENTS REQUIRED FOR THE SUBMISSION OF A RE-EVALUATION APPLICATION

The following documents must be submitted along with the re-evaluation application

- a. Additional information and supplementary documents
- b. Official translation in Greek or English if the documents submitted are in any other language

Official translations of degree(s) and related documents are accepted only by:

- The awarding Institution.
- Registered Sworn Translators of the Republic of Cyprus.
- The Relevant Ministry of the awarding country (e.g. Ministry of Foreign Affairs).
- c. Receipt for Payment the re-evaluation fee.

Note:

- During the re-evaluation process, and if need arises, the applicant may be asked to submit additional documents or be invited to an interview for further clarifications.
- Re-evaluation fee is €170.86
- The Certificate is issued only upon the request of the applicant for the amount of €34.17.
- Each page of the application form must be initialed by the applicant
- All Documents submitted shall not be returned to the applicant.

Applications can be submitted only on Mondays and Tuesdays, between 08:30 and 14:00 by appointment. To schedule your appointment please contact KY.S.A.T.S at 22806357.