



APPLICATION FOR REGISTRATION OF EVIDENCE OF FORMAL QUALIFICATIONS IN THE REGISTER OF FORMAL HIGHER EDUCATION QUALIFICATIONS

Personal data:

Surname: First name:

Date of birth: Place of birth:

Country of birth:

Nationality:

Address:

Number, street:

Post code: City:

Country:

Phone: Email address:

Information on the evidence of formal qualifications:

Name of the evidence of formal qualifications:

awarded by the following higher education institution:

In (city): Country:

Date:

Data protection clause

Please note that your personal data are processed by the Ministry of Higher Education and Research (Ministère de l'Enseignement supérieur et de la Recherche) in compliance with applicable data protection legislation and as detailed in the Privacy Policy of the Ministry of Higher Education and Research (Politique de confidentialité du Ministère de l'Enseignement supérieur et de la Recherche). The Privacy Policy of the Ministry of Higher Education and Research is available under:

<http://www.mesr.public.lu/functions/gdpr/index.html>.

City Date

Signature _____