



APPLICATION FOR EVALUATION OF FOREIGN EDUCATIONAL CREDENTIALS

NOTE: Read instructions on the reverse before filling out this form. Provide all information requested, particularly for Item No. 7.

PURPOSE OF EVALUATION (Check appropriate boxes) Fees (Check appropriate boxes)

- Education, Employment, Immigration, Professional Licensing/Certification, Field, State, Other

- Course-by-Course, Document-by-Document, Professional Licensing/Certification, Rush Service, Special Handling Rush service, Courier Domestic, Certified Mail, Registered Mail, Extra Copy

PLEASE TYPE OR PRINT ALL INFORMATION

1. Name (Last/Family, First, Second, Unmarried)

2. Mailing Address (Number & Street, Apt./Flat No., City, State, Zip Code/Country Code, Country)

3. Telephone Number (U.S. or Canada) Day: Eve:

4. Date of Birth: (Month, Day, Year) (Male, Female)

5. Country of Birth: Country of Citizenship:

6. How did you learn of this service?

7. Please list all educational institutions attended, beginning with primary school and including the one you are currently attending.

Table with 6 columns: Name of School, College or University; Location; Dates of Attendance; Length of Attendance; Certificate, Diploma or Degree/Year. Rows a-e.

8. If you want a copy of the report sent to a college, university, employer, etc., please indicate name(s) and address(es) below.

Blank lines for recipient name and address.

Zip Code