



International Academic Credential Evaluators, Inc.

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APPLICATION FOR CREDENTIALS EVALUATION

DATE _____

INSTRUCTIONS AND GENERAL INFORMATION

Please **Print Out and Mail** all pages of this application. Incomplete applications cannot be processed.

Please include the following items with this application:

- **Original** documents in native language with English translation for **ALL** educational credentials (marksheets, certificates, diplomas and transcripts). Original documents will be returned by Certified Mail with evaluation.
- **Legible photocopies of all credentials. Keep a copy for your reference.**
NOTE: \$20 will be added to your bill if legible photocopies are not included.
- Evaluation Fees (Please refer to the Fee Table and mark the appropriate selections).

All activities pertaining to this application will be conducted by mail, telephone, fax or email. If additional information is required, the credential evaluator will contact the applicant.

Mail all materials by U.S. Postal Service (USPS) Certified Mail or Express Mail with tracking number for safekeeping to the Post Office address listed above.

Approximately **two weeks** are required to evaluate most credentials. IACE reserves the right to extend the evaluation time if considerable research is necessary. IACE claims no responsibility for delays by sources outside the Service or for any errors that may be submitted on photocopied documents.

WARNING: *Where questions of authenticity arise, the original issuer of the academic credentials will be contacted for verification and evaluation time will be extended. Alteration or falsification of records will result in cancellation of the evaluation. No refund will be given nor will credentials be returned. The FBI and the agency for which the evaluation was being prepared will be notified.*

PERSONAL INFORMATION

Name _____
 Family Name First / Given Middle Maiden Name / Other Name

 Name as it appears on educational records Sex: Male Female

Birthplace _____ Date of Birth _____
 City Country Month Day Year

Mailing Address _____

City/State/Zip Code _____

Foreign Address:
 Street Address _____
 City _____ Country _____ Postal Code _____

Telephone Nos. _____
 Daytime Evening Mobile

Email Address _____

Have you ever used our services before? Yes No Name used & Date _____

EVALUATION RECIPIENT

Where would you like this evaluation sent?
Please provide complete name and complete address of School / University / Employer.

EDUCATIONAL HISTORY

List all schools you have attended or are attending beginning with secondary school. Give exact attendance dates(month/year). List full university name.

Full School/University Name	City/Country	Attendance Dates (Month/Year)	Title of Diploma Earned

FEE TABLE

Please check the type of evaluation you are requesting:

- \$85.00 **General Evaluation:** Simple equivalency (High School completion, Bachelor’s, Master’s, Doctorate, etc.)
- 135.00 **Detailed Evaluation:** General Evaluation *plus* course-by-course listings with grades earned
- 40.00 **Preliminary Evaluation:** Unofficial general equivalency review of credentials. Results will be **emailed** to you.

*All of the following may be added to either the **General** or **Detailed Evaluations**:*

- 20.00 **Grade Point Average** (Grade Average in U.S. system)
- 125.00 **Quick Service** Evaluation completed within 1-2 business days *after receipt of all required information and documentation.*
- 75.00 **Rush Service:** Evaluation prepared within 5 business days *after receipt of all required information and documentation*
- 60.00 **Consultation Service after 6 months:** Six (6) months after the original date of your evaluation, a consultation fee will be charged for questions concerning your evaluation.
- 20.00 **Overnight Mail (Express) Service**
- 10.00 **Additional Copy of Evaluation** (in addition to the 2 originals included with the evaluation report)
- 10.00 **Faxed Copy of Evaluation:** Evaluation will still be mailed to you. **Fax No.** _____

Adding to your file:

- 50.00 If IACE previously prepared a General Evaluation for you and you now need a Detailed Evaluation
- 50.00 If you add new or updated credentials to your evaluation
- 50.00 If you change your Detailed Evaluation to a General Evaluation

\$ _____ **FEE SUBTOTAL**

- 20.00 **Photocopy Fee** – If legible photocopies of all educational records are not sent with the original application

\$ _____ **FEE TOTAL (Make personal check or money order payable to IACEI. PERSONAL CHECKS ARE NOT ACCEPTED FOR QUICK OR RUSH SERVICE. Incomplete / incorrect evaluation fees will delay processing.)**

Circle Credit Card Type: Visa MasterCard Debit Credit

Exact Name as it appears on card _____

Account Number _____

Expiration Date _____

ADDITIONAL INFORMATION

How did you learn about our services?

Any note or comment you would like to add?

EVALUATION AGREEMENT

IMPORTANT: Please read and sign the following agreement. No processing will be done without a valid signature!

I agree to the terms specified in this Application for Evaluation:

1. If IACE determines that an evaluation cannot be issued, IACE shall not be responsible for any damages that I may incur.
2. I agree to reimburse IACE for any and all costs, including legal expenses which it may incur as a result of any claim that I (or anyone with an interest in my earnings or services) may make based on the evaluation prepared for this application.
3. I certify that all information provided in this application is true and correct.

Applicant Signature _____ Date _____