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Application for Credentials Evaluation

PERSONAL DATA

Name _____, _____, _____
 (Family Name / Last Name) (Given Name / First Name) (Middle Name / Maiden Name)

Are there any other names on your academic records? If yes: _____

Gender: Female Male Birthday (Month/Day/Year): _____ Country of Education: _____

Email : _____ U.S. Phone Number (if applicable): _____

Mailing address: _____

_____ City State / Province Zip / Postal Code Country

What is the primary purpose of your evaluation: Education Employment Immigration Teacher Certification

RECIPIENTS

Two evaluations will be included in your application fee. Where would you like them sent?

Both evaluations to mailing address above
 One evaluation to mailing address above and one to recipient name/address at right
 Recipient: _____

Additional evaluations (\$20 each) to the following recipients and addresses. Attach extra page if more addresses.

SERVICES AND FEES

- General Evaluation** (Recommended for employment/immigration; also used for high school/secondary school) \$80
 - Course-by-Course Evaluation** (Recommended for education/certification; not available for high school documents) \$150
 - Re-Evaluation** (Returning applicants who submit new credentials: final semesters, previously missing documents) \$75
 - 5-Day Rush Service** (Typical turn-around time is approximately 3 weeks upon receipt of all official documents) \$75
 - Email** unofficial copy before mailing to **email**: _____ Number of email copies: _____ \$5/ea
 - Fax** unofficial copy prior to mailing to **fax #**: _____ Number of faxed copies: _____ \$5/ea
 - Additional mailed** official copy of evaluation beyond the two included Number of add'l copies: _____ \$20/ea
 - Express mail** official copy of evaluation instead of U.S. Postal Service first class mail \$25 US/\$60 abroad
 - Photocopy** fee if photocopies of academic documents sent by applicant are not included with official documents \$20
- Total Fees** on next page: \$ _____

EDUCATION – REQUIRED

Name of High School/Secondary School: _____ Country: _____

Date of Secondary School graduation: _____ Name of Graduation Diploma: _____

For **post-secondary** studies, please list all institutions attended in order by date, whether the program is complete or not.

Institution Name	City and Country	Years of Attendance	Certificate/Diploma/Degree
<i>Example: Université du Burundi</i>	<i>Paris, France</i>	<i>1999-2004</i>	<i>Licence</i>

If you attended more than four post-secondary institutions, please attach a printed list that includes all information above.

How did you hear about us? _____

TERMS OF SERVICE

All academic documents must be official and accompanied by clear, full-sized photocopies of front & back. Photocopies become our property. Official documents sent by you will be returned with the completed evaluation; documents sent directly to us by the issuing institution become our property. Academic documents issued in a language other than English must be accompanied by an English translation. For a list of country-specifics regarding official documents and translations, as well as our statement regarding authentication, see www.transcriptresearch.com/Requirements

Your application cannot be evaluated until all fees are paid and all official documents & English translations are received. Please see our Requirements page for country-specifics regarding official documents and professional translations.

Please provide a copy of the grading scale/marketing scheme used if it is not posted on your transcript/academic records. If you did not graduate from the program, please provide a copy of the degree plan/study plan/program syllabus.

Applications can be canceled within 7 days for a 50% refund. Otherwise, refunds will not be issued except in cases of overpayment. Fees are subject to change without notice. Applications are valid for 6 months. After that time, a \$50 reinstatement fee is required. Evaluations will be kept on file for 7 years, and additional copies can be ordered for \$20.

Before applying, read <http://www.transcriptresearch.com/Requirements> and <http://www.transcriptresearch.com/Terms>

PAYMENT

Money order or Cashier's check in U.S. funds payable to Transcript Research

Visa MasterCard American Express Discover Total amount to be paid (from first page): \$ _____

Card #: _____ Name on Card: _____

Expiration Date: _____ Cardholder's Signature: _____

By signing and submitting this form, you agree to the terms of service listed above and on our website.

Signature Date 01/12