



For Office Use Only:

Evaluation with Translation Comprehensive Evaluation
 Evaluation only Grade Evaluation
 Translation only General Evaluation

Client ID: 2010 -

APPLICATION INSTRUCTIONS: Please write clearly and legibly. This office ONLY accepts original / official documents (no photocopies, faxes or scanned copies). If you are requesting the evaluation(s) or translation(s) to be mailed to you or to the institution(s) of your choice, please include the required mailing fees with your payment. If your documents have not been issued in English and you are not submitting a translation done by a certified translator, please include the required translation fees.

PERSONAL DATA:

Name (to be used in the evaluation): _____
(Family name / Last name) (Given name / First name) (Middle name/s)

Name(s) on documents (if different from above): _____

Date of birth: (month in words) _____ (day) ____ (year) 19 ____ Country of Birth: _____

Gender: Male / Female

Address: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ Cell / Mobile phone: (____) _____ Work phone: (____) _____

Fax: (____) _____ E-mail: _____

EVALUATION REQUESTED FOR:

Study in the U.S. Teaching (teacher / substitute / aide / assistant)
 Employment Professional licensing (specify field: _____)
 Immigration matters Military service other

REFERRED BY: _____

DOCUMENTS SUBMITTED:

For Secondary / High School Level Education: (CXC, "O"-Levels, BAC, etc...)

Name of School: _____

City _____ Country _____ Language in which document was issued: _____

Dates of Attendance: _____ Date of Conclusion: _____

Name of Certificate / Diploma Received: _____

Date of Certificate / Diploma: (month in words) _____ (day) ____ (year) ____ not completed _____

For University Level Studies: (Associate, Bachelor's, Master's, Doctoral degrees, professional titles or equivalent)

Institution 1: _____

City _____ Country _____ Language in which document was issued: _____

Dates of Attendance: _____ Date of Conclusion: _____

Certificate/Diploma / Degree Received: _____

Date of Certificate / Diploma: (month in words) _____ (day) ____ (year) ____ not completed _____

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Institution 2: _____

City _____ Country _____ Language in which document was issued: _____

Dates of Attendance: _____ Date of Conclusion: _____

Certificate/Diploma / Degree Received: _____

Date of Certificate / Diploma: (month in words) _____ (day) ____ ____ (year) ____ ____ ____ not completed _____

Institution 3: _____

City _____ Country _____ Language in which document was issued: _____

Dates of Attendance: _____ Date of Conclusion: _____

Certificate/Diploma / Degree Received: _____

Date of Certificate / Diploma: (month in words) _____ (day) ____ ____ (year) ____ ____ ____ not completed _____

SERVICES REQUESTED:

(NO FEES WILL BE RETURNED EXCEPT IN CASES OF OVERPAYMENT)

_____ General Evaluation: US\$75.00 (includes a \$50.00 non-refundable fee)

Establishes the equivalent US degree or years of study; client receives two original copies of the evaluation.

_____ Grade Evaluation: US\$130.00 (High School/Secondary School documents ONLY; includes a \$50.00 non-refundable fee)

Establishes the equivalent US degree or years of study plus the grade-point-average; client receives two original copies of the evaluation.

_____ Comprehensive Evaluation: US\$185.00 (University documents ONLY; includes a \$50.00 non-refundable fee)

Establishes the equivalent US degree or years of study plus a course-by-course analysis including credits, grades and grade-point-average; client receives two original copies of the evaluation.

_____ Comprehensive Evaluation: US\$200.00 (University documents ONLY for Professional Boards; includes a \$50.00 non-refundable fee)

Establishes the equivalent US degree plus a course-by-course analysis, organized by fields of study, including credits, grades and grade-point-average; client receives two original copies of the evaluation.

_____ Translation: US\$50.00 per page; number of pages to be translated: _____; client receives two original copies of the translation

_____ Rush Services (3 to 5 business days): additional 100% of all fees selected above

_____ Verification of Authenticity: US\$30.00 per institution (if transcript is not mailed to us directly from institution attended)

_____ Additional copies: US\$15.00 per copy if requested at the time services are requested

_____ Additional copies: US\$25.00 per copy if requested after the work has been completed

_____ Notarized copies of original documents: \$10.00

_____ Mail completed evaluation (see section below for additional fees charged)

_____ Reopening file for updating information: \$50.00 (additional cost if updated file requires new level of evaluation)

_____ Two new copies for updated work: US\$30.00

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DELIVERY OF THE COMPLETED EVALUATION / TRANSLATION

All evaluations and translations include two original copies; one unsealed copy for the client and one sealed copy for the institution of the client's choice. There are no fees to pick them up at our office, but to have these or additional copies mailed to you, you must pay additional fees as noted below.

Select the appropriate mailing option:

- Client to pick up file (NO fees for mailing),
- Mail both copies to Client (requires mailing fees for ONE mailing), or
- Mail one to institution, the other to client (requires mailing fees for TWO mailings).

_____ US Post Office registered priority mail with return receipt (US\$15.00) – in the US only
 _____ US Post Office Express Mail (US\$25.00) – in the US only
 _____ UPS (US\$30.00) – in the US only
 _____ International Postage through USPS: US\$50.00: Country: _____ (Canada, Mexico & Latin America \$40.00)

INSTITUTION(S) TO RECEIVE EVALUATION/TRANSLATION: (if to be mailed by this office, please, include address)

TOTAL FEES of US\$ _____ enclosed as ___ cashier's check / ___ personal check / ___ money order / ___ credit card (NO CASH)

PLEASE DO NOT MAIL CASH

Card number _____ Expiration date: _____

Name on Card: _____

Billing address, city, state, and zip code (if different from indicated on page 1)

PLEASE NOTE: No services will be provided until fees paid by personal check are cleared by this office's bank. There will be a \$30.00 additional fee for any check returned for insufficient funds.

GENERAL NOTES:

Please read the statements below carefully. Your signature below constitutes your legal responsibility regarding the information you provide in this application and the services you request.

I UNDERSTAND AND AGREE THAT

- _____ the usual time for completion of services is two to four weeks once all documents have been received and all fees have been paid;
- _____ RUSH services are completed between three to five business days once all documents have been received and all fees have been paid;
- _____ no services will be provided until all required documents have been received and all required fees have been paid;
- _____ all documents submitted must be original / official documents;
- _____ this office does not accept nor does it review photocopies, faxes or scanned copies of documents under any circumstances;
- _____ any missing documents must be submitted within a four-week period; this office must be notified if additional time is needed
- _____ this office reserves the right to investigate and verify any document under suspicion of fraud, alteration or inaccuracies;
- _____ any documents questioned by this office regarding its authenticity will not be returned to the client under any circumstances;
- _____ this office has the professional obligation to notify NACES members and take legal action in the case of suspected/confirmed fraudulent/altered/inaccurate documents submitted
- _____ all fees paid are non-refundable except in case of overpayment;
- _____ the application fee is non-refundable in case this office declines to provide services to the client;
- _____ this application ONLY may be mailed, faxed or scanned;
- _____ it is the obligation of the client to confirm with the receiving institution or organization that they accept AES evaluations as well as the type of evaluation required

Acceptance of services by the individual named on this application authorizes this office to release or obtain information related to documents submitted; only institutions pertinent to said documents are included in this clause.

The individual named on this application grants permission to _____ as to make inquiries and/or represent him/her as needed in relation to the services requested from this office.

Applicant's signature: _____ **Date:** _____

ACADEMIC EVALUATION SERVICES, INC.

TAMPA OFFICE
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