



For Office Use Only:

Evaluation with Translation General Evaluation
 Evaluation only Grade Evaluation
 Translation only Comprehensive Evaluation
 Comprehensive for Boards

Client ID: 20 -

UPDATE APPLICATION

Use this form if you have previous had an evaluation completed by Academic Evaluation Services and are adding new documents for evaluation or requesting a more detailed evaluation of previously submitted documents. Forms may be emailed, faxed, mailed, or brought in to our office along with original or official documents to be evaluated. Refer to contact information at the bottom of this page.

PERSONAL DATA:

Name (on evaluation): _____

(Family name / Last name)

(Given name / First name)

(Middle name/s)

Date of Original Evaluation: (month) _____ (day) _____ (year) _____

CURRENT ADDRESS:

Address: _____

City: _____ State: _____ ZIP: _____ E-mail: _____

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

UPDATE REQUESTED FOR:

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

NEW 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 _____

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 _____

NEW SERVICES REQUESTED:

(NO FEES RETURNED EXCEPT IN CASES OF OVERPAYMENT OR SERVICES DECLINED BY THIS OFFICE)

Note: Payment for full service fee is required for updated evaluations.

New Service:

- _____ Comprehensive Evaluation for Professional Boards (\$300.00)
- _____ Comprehensive Evaluation (\$225.00)
- _____ Grade Evaluation (\$155.00)
- _____ General Evaluation (\$90.00)
- _____ Translation - Number of pages to be translated: _____ (\$50 per page)
- _____ Rush Services (3 to 5 business days): additional 100% of all fees selected above
- _____ Extra sealed copy \$20.00

DELIVERY OF COMPLETED EVALUATION

Note: all Evaluations & Translations include 2 copies; 1 for the client and 1 for the institution of the client's choice. A separate fee is required for each address.

- Client to pick up file (no fee for mailing) Available only from Tampa office**
- Mail to CLIENT at address indicated above.** Check here **if you would like BOTH copies mailed to you. Only if address is local.**
 - _____ Domestic Postage (in the US only) via FedEx Overnight Express Mail US\$30.00 (P.O. Boxes will be shipped via USPS)
 - _____ International Postage via FedEx: US\$40.00: Canada, Caribbean, & Mexico ONLY
 - _____ International Postage via FedEx: US\$50.00 for all other countries - Country: _____.
- Mail to INSTITUTION at address indicated below**
 - _____ Domestic Postage (in the US only) via USPS Express Mail (overnight in most cases) US\$30.00

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

Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

TOTAL FEES of US\$ _____ enclosed ___ check / ___ money order / ___ credit card (NO CASH)

When your application is received, we will email you a link to pay securely online. Only enter your credit card information here if your account is from 2011 and prior years.

VISA / MASTERCARD ONLY

Card number _____ Expiration date: _____ CVC (3 digit code on back of card): _____

Name on Card: _____ Billing zip code: _____

Cardholder's signature _____

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. Please make all checks payable to Academic Evaluation Services, Inc.

GENERAL NOTES:

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 _____ 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.
8875 Hidden River Parkway, Suite 110, Tampa, FL 33637
Phone: 813-374-2020 Fax: 813-374-2023
Email: info@aes-edu.org