



Application for Evaluation of Foreign Educational Credentials

Address: 11206 A Osage Circle
Westminster, Colorado, 80234, USA

Telephone: 303. 585.0978

E-mail: info@foreignconsultants.com

Website: www.foreignconsultants.com

**Please provide all the information requested below.
Use a typewriter or neatly print your responses using a pen.**

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|--|--|---|---|-----------------------------------|-------------------------------------|-----------------------------------|--------------------------------------|--------------------------------|-----------------|----------------|--|---|--|-------------------|--|--|--|--|--|------------------|-----------------|--|--|--|--|---|--|--|
| 1. Name Print or type your full name. Put only 1 letter in each box. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 60%; height: 20px;"></td> <td style="border: 1px solid black; width: 40%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Last (Family) Name</td> <td style="font-size: small;">First Name</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">Middle Name</td> </tr> </table> | | | Last (Family) Name | First Name | | | Middle Name | | | | | | | | | | | | | | | | | | | | |
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| Last (Family) Name | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Other Names List alternate names appearing on your documents, if applicable. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">All Other Names used</td> </tr> </table> | | All Other Names used | | | | | | | | | | | | | | | | | | | | | | | | | |
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| All Other Names used | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Mailing Address Phone Fax E-mail Include your direct (immediate) contact information. | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Street Address</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">City</td> <td style="font-size: small;">Postal Zip Code</td> <td style="font-size: small;">State/Province</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td colspan="2" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="font-size: small;">Country</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Telephone Number</td> <td colspan="2" style="font-size: small;">Cellular Number</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="3" style="font-size: small;">E-mail Address (example: name@internet.com)</td> </tr> </table> | | Street Address | | | | | City | Postal Zip Code | State/Province | | | | Country | | | | | | Telephone Number | Cellular Number | | | | | E-mail Address (example: name@internet.com) | | |
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| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone Number | Cellular Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E-mail Address (example: name@internet.com) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Have you used FCI services before? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state FCI Reference Number: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td><td style="border: 1px solid black; width: 15px; height: 15px;"></td></tr></table> (page 1 of your evaluation report) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Birth Date (month, day, year) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> <td style="border: 1px solid black; width: 15%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td colspan="3"></td> </tr> </table> <div style="float: right; text-align: right; padding-right: 20px;"> 6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male </div> | | | | | | | Month | Day | Year | | | | | | | | | | | | | | | | | | |
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| Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Purpose of Evaluation Check or write down the purpose of your evaluation | <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Undergraduate (1st year)</td> <td><input type="checkbox"/> Undergraduate (transfer)</td> <td><input type="checkbox"/> Graduate</td> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> Immigration</td> <td colspan="4"><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Professional Licensing/Certification: State:</td> <td colspan="3">Profession:</td> </tr> </table> | <input type="checkbox"/> Undergraduate (1 st year) | <input type="checkbox"/> Undergraduate (transfer) | <input type="checkbox"/> Graduate | <input type="checkbox"/> Employment | <input type="checkbox"/> Military | <input type="checkbox"/> Immigration | <input type="checkbox"/> Other | | | | <input type="checkbox"/> Professional Licensing/Certification: State: | | Profession: | | | | | | | | | | | | | | |
| <input type="checkbox"/> Undergraduate (1 st year) | <input type="checkbox"/> Undergraduate (transfer) | <input type="checkbox"/> Graduate | <input type="checkbox"/> Employment | <input type="checkbox"/> Military | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Professional Licensing/Certification: State: | | Profession: | | | | | | | | | | | | | | | | | | | | | | | | | | |



Application for Evaluation of Foreign Educational Credentials

| 7. Evaluation Products and Services Check the type of evaluation needed. | <input type="checkbox"/> Comparability Evaluation (without Courses, Grades, GPA)..... \$100 <input type="checkbox"/> Course-by-Course Evaluation of High School Education..... \$160 <input type="checkbox"/> Course-by-Course Evaluation of One degree (earned in the same school) \$180 <input type="checkbox"/> Course-by-Course Evaluation of Every Other Degree \$100 <input type="checkbox"/> Every additional School per Degree \$30* <i>*if a Degree was earned in more than one School add \$30 per School</i> <input type="checkbox"/> Evaluation of Education and Work Experience for USCIS..... \$500 <input type="checkbox"/> Insertion into Evaluation each Certificate without Transcript..... \$45 <input type="checkbox"/> Catalog match (per subject)..... \$30 <input type="checkbox"/> Comparable Program Research..... \$250 <input type="checkbox"/> Prescreening of educational documents with consultation..... \$50* <i>*Payment will be accounted with the order</i> | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------------------|-------------------------------------|--------------------|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 8. Certified Translation Services | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Amount of pages to Translate from any Language into English and from English into any Language</th> <th style="width: 30%;">Price per 1 page \$60</th> <th style="width: 20%;">Total Translation Price</th> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> </tr> </table> | Amount of pages to Translate from any Language into English and from English into any Language | Price per 1 page \$60 | Total Translation Price | | | | | | | | | | | | | | | | | |
| Amount of pages to Translate from any Language into English and from English into any Language | Price per 1 page \$60 | Total Translation Price | | | | | | | | | | | | | | | | | | | |
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| 9. Extra set of the original Evaluation Report | <input type="checkbox"/> If ordered with the Initial Application..... \$30 <input type="checkbox"/> If ordered within 1 year after completion of the Initial Evaluation Report (First copy) \$55 <input type="checkbox"/> If ordered over 1 year after completion of the Initial Evaluation Report (First copy) \$120 <input type="checkbox"/> Each consecutive copy of the same Evaluation Report \$25 | | | | | | | | | | | | | | | | | | | | |
| 10. Extra set of the original Certified and Notarized Translation | <input type="checkbox"/> If ordered with the initial Application..... \$30per page <input type="checkbox"/> If ordered within 1 year after completion of the initial Translation (First copy) \$15per page <input type="checkbox"/> If ordered over 1 year after completion of the initial Translation (First copy)..... \$30per page | | | | | | | | | | | | | | | | | | | | |
| 11. Rush Services | <input type="checkbox"/> Next day Rush Service \$160 <input type="checkbox"/> 2-3 days Rush Service..... \$130 <input type="checkbox"/> 5-day Rush Service..... \$75 | | | | | | | | | | | | | | | | | | | | |
| 12. Express Shipment | <input type="checkbox"/> Priority Mail with tracking number within USA/Canada (2-3 business days)..... \$30 <input type="checkbox"/> Express overnight shipment within USA/Canada..... \$40 <input type="checkbox"/> USPS Express Mail International (3-5 business days)..... \$40 <input type="checkbox"/> FedEx International (1-3 business days)..... \$100 | | | | | | | | | | | | | | | | | | | | |
| 13. Total Charges | Total Charges per Order: _____ \$ | | | | | | | | | | | | | | | | | | | | |
| 14. Educational Institutions List All Educational Institutions Attended starting from: High School or Institution of Higher Education Consult our Specialists which Educational documents you need to evaluate to achieve your goal | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name(s) of School(s) Attended</th> <th style="width: 15%;">City & Country</th> <th style="width: 20%;">Diploma/Certificate Earned (if any)</th> <th style="width: 10%;">Month/Year Started</th> <th style="width: 25%;">Month/Year Completed</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Name(s) of School(s) Attended | City & Country | Diploma/Certificate Earned (if any) | Month/Year Started | Month/Year Completed | | | | | | | | | | | | | | | |
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