



Application for Evaluation of Foreign Educational Credentials

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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="width: 60%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width: 40%; border-bottom: 1px solid black; 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 colspan="2" style="border-bottom: 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-bottom: 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-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Street Address</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">City</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">State/Province</td> <td style="font-size: small;">Postal Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Country</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Telephone Number</td> <td style="font-size: small;">Fax Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">Cellular Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="font-size: small;">E-mail Address (example: name@internet.com)</td> </tr> </table> | | Street Address | | City | | State/Province | Postal Zip Code | | | Country | | Telephone Number | Fax Number | | | Cellular Number | | E-mail Address (example: name@internet.com) | |
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| Street Address | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | |
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| State/Province | Postal Zip Code | | | | | | | | | | | | | | | | | | | |
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| Telephone Number | Fax Number | | | | | | | | | | | | | | | | | | | |
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| Cellular Number | | | | | | | | | | | | | | | | | | | | |
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| E-mail Address (example: name@internet.com) | | | | | | | | | | | | | | | | | | | | |
| 4. Have you ever used FCI services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state FCI Reference Number: _____ <small>(page 1 of your evaluation report)</small> | | | | | | | | | | | | | | | | | | | | |
| 5. Birth Date Fill in the month, day, and year of your birth. | Month <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Day <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> | | | | | | | | | | | | | | | | | | | |
| 7. Purpose of Evaluation Check or write down the purpose of your evaluation | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Undergraduate (1st year)</td> <td><input type="checkbox"/> Undergraduate (transfer)</td> <td><input type="checkbox"/> Graduate</td> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Immigration</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> Professional Licensing/Certification</td> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table> 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"/> Immigration | <input type="checkbox"/> Military | <input type="checkbox"/> Professional Licensing/Certification | <input type="checkbox"/> Other _____ | | | | | | | | | | | |
| <input type="checkbox"/> Undergraduate (1 st year) | <input type="checkbox"/> Undergraduate (transfer) | <input type="checkbox"/> Graduate | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Immigration | <input type="checkbox"/> Military | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Professional Licensing/Certification | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | | | |
| 6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | | | | |



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| 8. Evaluation Products and Services Check the type of evaluation needed. | <input type="checkbox"/> Comparability Evaluation (Associate's, Bachelor's, Master's)..... \$200 <input type="checkbox"/> Course-by-Course Evaluation of High School Diploma..... \$200 <input type="checkbox"/> Course-by-Course Evaluation (Associate's, Bachelor's, Master's Degree)..... \$330 <input type="checkbox"/> Course-by-Course Evaluation (PhD)..... \$500 <input type="checkbox"/> Course-by-Course Evaluation (Incomplete Education)..... \$250 <input type="checkbox"/> Education and Work Experience Evaluation (for Immigration Purposes)..... \$500 <input type="checkbox"/> Subject Analysis..... \$25 (per subject) <input type="checkbox"/> Catalog Match \$300 <input type="checkbox"/> Comparable Program Research..... \$150 | | | |
| 9. Evaluation of Additional Documents | <input type="checkbox"/> Evaluation of every other Diploma (with or without Transcript)..... \$100 <input type="checkbox"/> Evaluation of every other Certificate..... \$50 <input type="checkbox"/> Additional Comparable Program Research..... \$100 | | | |
| 10. Certified Translation Services (into English language) | # | Translation from Language | Price per 1 page | Price (for 10 pages and over) |
| | 1 | Russian, Ukrainian | \$40 | \$35 |
| | 2 | German, Latvian, Czech, Romanian, Bulgarian, Italian, French, Polish, Slovak | \$50 | \$45 |
| | 3 | Spanish, Hungarian, Vietnamese, Greek, Armenian, Kazakh, Lithuanian, Turkish, Turkmen, Swedish, Japanese | \$55 | \$50 |
| | 4 | Dari, Korean, Persian, Hindi, Farsi, Finnish, Estonian, Azerbaijani, Hebrew, Arabic, Portuguese, Belarusian, Dutch, Georgian, Danish, Chinese, Serbian, Slovenian, Norwegian, Uzbek, Croatian | \$55 | \$50 |
| 11. Licensure Services | <input type="checkbox"/> License for the Profession of..... <input type="checkbox"/> State of <input type="checkbox"/> FCI Quoted Price..... | | | |
| 12. Nursing Evaluation | <input type="checkbox"/> One Degree (school authentication included)..... \$500 <input type="checkbox"/> Two Degrees combined (school authentication included)..... \$1000 <input type="checkbox"/> Three Degrees combined (school authentication included)..... \$1500 | | | |
| 13. Extra Sets of Original Evaluation Report | <input type="checkbox"/> Extra Set (if ordered together with Evaluation Report)..... \$40 <input type="checkbox"/> Extra Set (if ordered within 1 year after Evaluation Report issued)..... \$75(each) <input type="checkbox"/> Extra Set (if ordered within 3 years after Evaluation Report issued)..... \$100(each) | | | |
| 14. Rush Services | <input type="checkbox"/> 1-day Rush service (excluding shipping)..... \$100 <input type="checkbox"/> 3-day Rush service (excluding shipping)..... \$75 <input type="checkbox"/> 5-day Rush service (excluding shipping)..... \$50 | | | |
| 15. Express Shipment | <input type="checkbox"/> Express Shipment within USA (or customer's account)..... \$50 <input type="checkbox"/> Express Shipment outside USA (or customer's account)..... \$100 | | | |
| 16. Total Charges | <input type="checkbox"/> Total charges per order \$ _____ | | | |
| 17. Signature of Applicant | _____ Sign Name Here | | | |



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| <p>18. Educational Institutions List All Educational Institutions Attended (From High/Secondary school). Specify which one is providing the Major Credentials you wish to have evaluated. Specify which one is providing the Other Credentials you wish to have evaluated.</p> | <p>Name(s) of School(s) Attended</p> | <p>City & Country</p> | <p>Diploma/Certificate Earned (if any)</p> | <p>Month/Year Entered</p> | <p>Month/Year Completed</p> |
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| <p>19. Other party submission Individual / Institution / Organization to whom the evaluation should be sent.</p> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">Individual/Institution/Organization</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">Attention (Name/Department/Suite/Room)</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">Street Address/Post Office Box Number</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">Street Address – Continued</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">City</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">State/Province Postal Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td style="font-size: 8px; padding: 2px;">Country</td> </tr> </table> <p>Authorization: I authorize to release the evaluation report to another Individual or Institution named in this Application.</p> <p>Signature of applicant _____</p> | | Individual/Institution/Organization | | Attention (Name/Department/Suite/Room) | | Street Address/Post Office Box Number | | Street Address – Continued | | City | | State/Province Postal Zip Code | | Country |
| | Individual/Institution/Organization | | | | | | | | | | | | | | |
| | Attention (Name/Department/Suite/Room) | | | | | | | | | | | | | | |
| | Street Address/Post Office Box Number | | | | | | | | | | | | | | |
| | Street Address – Continued | | | | | | | | | | | | | | |
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| | State/Province Postal Zip Code | | | | | | | | | | | | | | |
| | Country | | | | | | | | | | | | | | |

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| <p>20. Your Credit Card Information</p> | <p> <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Debit </p> <p>Card Number: </p> <p>Expiration Date: Day Year Security Code </p> <p>Cardholder's Name: _____</p> <p>Zip Code: </p> |
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Required Documents

1. Please **scan, e-mail, or fax**; clear, legible copies of all Diplomas, Transcripts, and/or Certificates.
2. If the documents are not in English:
 - a) If you have translations, done in your country or any other country please fax together with the copies of your educational documents;
 - b) If you don't have translations you can order them from FCI at the prices above.
3. Only Certified translator experienced in the Foreign Language in question can perform Legalized translation.
4. Certified translator's signature should be notarized, according to the Law and Regulations of the country of origination of translation and notarization.
5. FCI needs copies of both: the Original language and the Translated documents. When documentation is not complete enough to provide the evaluation requested, the missing information will be requested and no further action will be taken until all the necessary documentation is on file with FCI.
6. We can provide only Comparability Evaluations without detailed information about courses and grades (see detailed requirements).
7. All other Evaluation Reports require both copies of the Diplomas and/or Certificates and their Official Academic Transcripts or Equivalent.

For more details on required Documentation go to http://www.foreignconsultants.com/required_documentation.pdf

Payment Options

1. No refund will be issued once application has been submitted
2. No personal checks are accepted
3. Payments are limited to:
 - Cashier Checks *
 - Money Orders * (Print the Name of the applicant on the Money – Order)
 - All Credit Cards are excepted (Visa, Master Card, Discover, American Express)

* Please, print the Name of the Applicant on the Check or Money Order

Processing

1. Processing time is Fifteen Business Days from receipt of all required documents and fees.
More time may be required if special research is necessary.
2. One set of each evaluation report are included in the basic fee.
3. One set of Certified Translations will be provided, if ordered from FCI.
4. No refunds will be issued once an Application has been submitted.
5. Fees are subject to change without notice

Affirmations

1. I hereby certify that the information provided on this Application, and in the documents included with it, is true, accurate, and correct to the best of my knowledge.
2. I understand that this evaluation is advisory in nature and that Foreign Consultants, Inc. assumes no responsibility or liability for consequential damages when the desired equivalency cannot be recommended.
3. I agree to reimburse Foreign Consultants, Inc. for any and all costs, including legal expenses, which it may incur as a result of any claim that I or anyone having an interest in my earnings or services may make based on the evaluation determination which foreign Consultants, Inc. makes relying on the application.
4. I hereby certify that I have read and understand the instructions and conditions provided with this form and that I agree to the Terms stated therein.
5. I understand that if false, forged, altered or falsified documents are submitted to FCI, Inc., no evaluation report will be prepared, no refund will be made, the designees for copies of the report will be notified, and the information will be shared with academic institutions, government agencies, professional organizations and other evaluation services.

