

## 1. Person whose education is being evaluated

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Maiden/Previously Used Name(s) \_\_\_\_\_ Date of Birth      /      /       
MM DD YYYY

If this is the first time you've used our services, how did you hear about us?  Internet search  Attorney  
 Educational institution  Direct mail  Other advertising  Other \_\_\_\_\_

## 2. Purpose of the evaluation

Please place a ✓ in the box of all the reasons that apply.

- Immigration \_\_\_\_\_ *Type of visa sought*  Employment  Military Service
- Professional Licensure in \_\_\_\_\_ *Name of profession* in the state of \_\_\_\_\_ *Name of state*
- Further education \_\_\_\_\_ *Name of institution, if known*  Other \_\_\_\_\_

## 3. Services and fees

Please choose what type of report you need and the speed of service you would like.

In cases involving requests for additional documentation or suspected alteration, the count starts when we determine that we have received all necessary documentation. Individual applicants must also submit payment at the time of application (see item 6, next page).

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>General Report</b>   | <input type="checkbox"/> <b>Course-By-Course Report</b>       | <input type="checkbox"/> <b>Expert Opinion for immigration visa purposes</b><br><i>Fee TBD upon review of documentation. Please contact us for a quote.</i> |
| <input type="checkbox"/> 10 business days - \$95 | <input type="checkbox"/> 15 business days - \$175             |   |
| <input type="checkbox"/> 3 business days - \$185 | <input type="checkbox"/> 3 business days - \$265              |   |
| <input type="checkbox"/> 1 business day - \$275  | <input type="checkbox"/> <b>Course-By-Course with Content</b> | <input type="checkbox"/> <b>Overnight delivery - \$50 (UPS)</b><br><i>Overnight delivery charge is in addition to the report fee.</i>                       |
|  | <input type="checkbox"/> 15 business days - \$275             |   |
|  | <input type="checkbox"/> 3 business days - \$375              |   |

## 4. Where report should be sent

Please send the original evaluation report to:

Name \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City State Zip

Please mail a copy to:

Name \_\_\_\_\_

Company/Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City State Zip

## 5. Credentials submitted for evaluation

Please list all educational institutions attended by the person whose name appears in item 1, above, beginning with secondary school. Please list the name of the institutions and all credentials received in both the native language and English. Submit copies of the degree or diploma received for each program. Please also submit an official transcript or grade report for each postsecondary program. If your original official credentials were issued in a language other than English, please also submit an accurate English translation.

Name of institution \_\_\_\_\_

Name of credential received \_\_\_\_\_

Dates of attendance \_\_\_\_\_ Location (city, country) \_\_\_\_\_

Name of institution \_\_\_\_\_

Name of credential received \_\_\_\_\_

Dates of attendance \_\_\_\_\_ Location (city, country) \_\_\_\_\_

Name of institution \_\_\_\_\_

Name of credential received \_\_\_\_\_

Dates of attendance \_\_\_\_\_ Location (city, country) \_\_\_\_\_

## 6. Payment

*Fees are payable in US dollars only.*

Check enclosed       I would like to pay by MasterCard/Visa. Please email an invoice and payment instructions to:

*(Please clearly print email address)* \_\_\_\_\_

I am a corporate/institutional client. Please invoice me and email me a copy of the evaluation report.

Your internal billing reference: \_\_\_\_\_ Your email: \_\_\_\_\_

## 7. Certifications

- I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
- I release International Educational Equivalency Evaluation Services (IEEES), Inc., dba EdEvals, and/or its consultants from any damages resulting from the use of an evaluation report or expert opinion letter.
- I understand that if altered, falsified, or forged documents are submitted to IEEES, Inc., dba EdEvals, at any time, no evaluation report will be prepared, no refund will be made, and the information may be shared with government agencies and other evaluation services.
- I understand that evaluation reports and expert opinion letters prepared by IEEES, Inc., dba EdEvals, and/or its consultants are advisory and are not binding on any institution, organization, or agency.
- I understand that no refund will be issued after an application has been submitted.
- If the person signing is not the person whose credentials are being submitted for evaluation, the act of signing certifies that the signer is acting on behalf of the person to whom the credentials belong, and that he/she has the authority to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If signing on behalf of the applicant, your relationship to that person: \_\_\_\_\_

**MAIL application, documentation, and payment to: - OR - EMAIL pdfs of signed application and scanned documentation to:**

IEEES, Inc., dba EdEvals  
316 N. Milwaukee St., Suite 211  
Milwaukee, WI 53202

evaluations@edevals.com

Application and documentation may also be faxed to 414 319 5003.

**QUESTIONS? CALL 414 319 5000 OR EMAIL EVALUATIONS@EDEVALS.COM.**