



Application for Evaluation of Foreign Educational Credentials

Address: 3000 Dundee Rd., Suite 209
 Northbrook, Illinois
 60062 USA
Telephone: 847.498.4499
Fax: 847.412.9570
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

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-bottom: 1px solid black; width: 50%; height: 20px;"></td> <td style="border-bottom: 1px solid black; width: 50%; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Last (Family) Name</td> <td style="text-align: center; font-size: small;">First Name</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 colspan="2" style="text-align: center; font-size: small;">Middle Name</td> </tr> </table>			Last (Family) Name	First Name			Middle Name																
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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="text-align: center; font-size: small;">All Other Names used</td> </tr> </table>		All Other Names used																					
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3. Mailing Address, Phone, Fax and 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="text-align: center; font-size: small;">Street Address</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">City</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">State/Province</td> <td style="text-align: center; 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 colspan="2" style="text-align: center; font-size: small;">Country</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="text-align: center; font-size: small;">Telephone Number</td> <td style="text-align: center; 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 colspan="2" style="text-align: center; font-size: small;">Cellular Number</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center; 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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4. Social Security Number If provided, number will be stated on the evaluation report	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> <td style="border-bottom: 1px solid black; width: 20px;"></td> </tr> </table>																							
5. Have you ever used FCI services before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state FCI Reference Number: _____ (page 1 of your evaluation report)																								
6. Birth Date Full in the month, day, and year of your birth.	Month <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table> Day <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table> Year <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td><td style="border-bottom: 1px solid black; width: 20px;"></td></tr></table>																							
7. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male																								
8. 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> </tr> <tr> <td><input type="checkbox"/> Employment</td> <td><input type="checkbox"/> Immigration</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Professional Licensing/Certification State: _____ Profession: _____ </td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Other (explain) _____ </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"/> Immigration	<input type="checkbox"/> Military	<input type="checkbox"/> Professional Licensing/Certification State: _____ Profession: _____			<input type="checkbox"/> Other (explain) _____													
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9. Products and Services Check the type of evaluation needed.	<input type="checkbox"/> Comparability Evaluation of Associate Degree.....\$200 <input type="checkbox"/> Comparability Evaluation of Bachelor Degree.....\$200 <input type="checkbox"/> Course-by-Course Evaluation of High School Diploma.....\$200 <input type="checkbox"/> Course-by-Course Evaluation of Associate Degree.....\$330 <input type="checkbox"/> Course-by-Course Evaluation of Bachelor Degree.....\$330 <input type="checkbox"/> Course-by-Course Evaluation of Master Degree.....\$330 <input type="checkbox"/> Course-by-Course Evaluation of PhD.....\$500 <input type="checkbox"/> Course-by-Course Evaluation of Incomplete Education.....\$250 <input type="checkbox"/> Evaluation of Education and Work Experience.....\$500 <input type="checkbox"/> Subject Analysis.....\$250 <input type="checkbox"/> Catalog match.....\$300 <input type="checkbox"/> Comparable Program.....\$150																																																																																																																																																																																																																																																																																																																																																				
10. Additional Charges Check the type of Additional Charges needed.	<input type="checkbox"/> Every other Diploma with or without Transcript.....\$100 <input type="checkbox"/> Every other Certificate.....\$50 <input type="checkbox"/> Every other Comparable Program Research.....\$100 <input type="checkbox"/> 1-day Rush Service.....\$100 <input type="checkbox"/> 3-day Rush Service.....\$75 <input type="checkbox"/> 5-day Rush Service.....\$50 <input type="checkbox"/> Extra copies (each).....\$30 <input type="checkbox"/> Express shipment within USA.....\$30 <input type="checkbox"/> International Express shipment.....\$50																																																																																																																																																																																																																																																																																																																																																				
10. 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name(s) of School(s) Attended</th> <th style="width: 20%;">City & Country</th> <th style="width: 20%;">Diploma/Certificate Earned (if any)</th> <th style="width: 15%;">Month/Year Entered</th> <th style="width: 10%;">Month/Year Completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </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 Entered	Month/Year Completed																																																																																																																																																																																																																																																																																																																																															
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11. Other party submission Individual / Institution / Organization to whom the evaluation should be sent.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">Individual/Institution/Organization</td></tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">Attention (Name/Department/Suite/Room)</td></tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">Street Address/Post Office Box Number</td></tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">Street Address – Continued</td></tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">City</td></tr> <tr><td colspan="20"> </td></tr> <tr> <td colspan="10">State/Province</td> <td colspan="10">Postal Zip Code</td> </tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20">Country</td></tr> <tr><td colspan="20"> </td></tr> <tr><td colspan="20"> Authorization: I authorize to release of the evaluation report to another individual or institution named in this application. </td></tr> <tr><td colspan="20"> Signature of applicant _____ </td></tr> </table>																					Individual/Institution/Organization																																								Attention (Name/Department/Suite/Room)																																								Street Address/Post Office Box Number																																								Street Address – Continued																																								City																																								State/Province										Postal Zip Code																														Country																																								Authorization: I authorize to release of the evaluation report to another individual or institution named in this application.																				Signature of applicant _____																			
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Required Documents

1. Please submit clear, legible copies of all Diplomas, Transcripts, and/or Certificates.
2. If the documents are not in English, please submit clear, legible copies of Legalized translations of all diplomas, Transcripts, and/or Certificates.
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 ten working days from receipt of all required documents and fees.
More time may be required if special research is necessary.
2. Two copies of each evaluation report are included in the basic fee.
3. Copies may be provided to the client or directly to third parties.
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 relaying 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.

You must sign and date this application in order for it to be processed.

Signature of Applicant (*Do Not Print*) _____ **Date:** _____
Sign Entire Name (Month/Day/Year)

Please mail or fax this Application and all enclosures to:
FCI Global USA, Inc. 3000 Dundee Rd., Suite 209,
Northbrook, IL 60062 USA
Email: info@foreignconsultants.com
Fax: 847- 412- 9570



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