

Establishing the link in world education

RETURN COMPLETED APPLICATION TO: Digital Film Academy or to INTERNATIONAL EVALUATION SERVICES P.O. BOX

505 MARLBORO, NJ 07746-0505 Tel:(732)462-5502 Fax:(732)462-5664



APPLICATION FOR EVALUATION

PLEASE SEE INSTRUCTIONS ON REVERSE SIDE BEFORE FILLING OUT THIS FORM

1. **PURPOSE OF EVALUATION:** ☐ Immigration ☐ Employment ☐ Further Education ☐ Professional ☐ Certification/Licensing
2. **BASIC APPLICATION FEES** (choose) ☐ General Document Review (\$50) ☐ Course by Course Report (\$100) ☐ Professional/Work Experience (\$250)
3. **RUSH SERVICE FEES** (choose) ☐ Same Day (\$125) ☐ One (1) Day (\$100) ☐ Four (4) Days (\$75) (Rush Fees are in addition to the Evaluation Fees)
4. **EXTRA COPIES** Copies Requested _____ (at \$10 each) Notarized Evaluations _____ (at \$10 each)
5. **INCLUDE PAYMENT WITH EVALUATION REQUEST: Amount Enclosed \$** _____
6. **APPLICATION** (please print or type)
Name (Last/Family name) (First/Given) (Middle or other) _____
Mailing Address (Number and Street) (Apartment Number) _____
(City) (State/Province) _____ (Zip/Postal Code) (Country) _____
7. Day Phone () _____ Fax _____ (S.S./ID No. (optional) _____
E-Mail _____ ☐ Male ☐ Female
8. Date of Birth _____ Country of Birth _____ Country of Citizenship _____
9. Have you ever submitted an application to IES? ☐ Yes ☐ No If yes, Date _____ IES Reference # _____
From whom did you learn about IES? _____
10. Please list all educational institutions attended, beginning with secondary school and including the one you are currently attending.

Name of Institution	Degree / Diploma	Year of Graduation	Country	Start date of Attendance	End date of Attendance

I hereby certify that all the information provided herewith by me is correct, I have read and understood the instructions and conditions provided in this application and agree to the terms stated herein. I understand that this report is advisory and not binding upon any agency or institution that uses it. Finally, I release International Evaluation Services and its officers from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation report.

.....
Signature of Applicant or Legal Representative

.....
Full Name (printed)

.....
Date

THIS STATEMENT MUST BE SIGNED IN ORDER TO HAVE AN EVALUATION PREPARED
