



INSTITUTE OF FOREIGN CREDENTIAL SERVICES

12 CEDAR STREET, DOBBS FERRY, NY 10522 | WWW.IFCSEVALS.COM
PHONE 914.693.2840 | FAX 914.231.7782 | EMAIL APPS@IFCSEVALS.COM

APPLICATION FOR CREDENTIAL EVALUATION

SECTION 1 PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Name on Educational Credentials *IF DIFFERENT* _____ Gender MALE FEMALE
LAST FIRST MIDDLE

Date of Birth _____ Phone Numbers HOME (____) - ____ - ____ CELL (____) - ____ - ____
MONTH / DAY / YEAR

Email address _____ How did you hear about IFCS? _____

SECTION 2 ACADEMIC HISTORY

List all educational institutions attended, beginning with secondary school and ending with the last year of education.

NAME OF INSTITUTION COUNTRY DATES OF ATTENDANCE DEGREE(S) EARNED

SECTION 3 PURPOSE OF EVALUATION

Check the appropriate box.

- FURTHER EDUCATION
- IMMIGRATION
- LICENSING BOARDS
- EMPLOYMENT
- MILITARY
- OTHER _____

SECTION 4 TYPES OF EVALUATION REPORTS AND ADDITIONAL SERVICES

CREDENTIAL EVALUATIONS PLEASE SELECT ONE OF THE FOLLOWING

	8 - 10 BUSINESS DAYS	3 BUSINESS DAYS	24 HOURS
General Analysis No GPA	\$80	\$125	\$155
General Analysis With GPA	\$115	\$155	\$180
Course-By-Course	\$150	\$250	\$400
Comprehensive Course-By-Course	\$195	\$295	\$450
Health Professions Course-By-Course	\$225	\$350	\$475

TRANSLATION IF YOUR DOCUMENTS ARE IN A FOREIGN LANGUAGE, AND YOU DO NOT HAVE A CERTIFIED TRANSLATION, WE CAN PROVIDE A TRANSLATION QUOTE.
PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- ALL MY DOCUMENTS ARE IN ENGLISH AND I DO NOT NEED TRANSLATION OF MY DOCUMENTS
- MY DOCUMENTS ARE IN A FOREIGN LANGUAGE BUT I WILL PROVIDE A CERTIFIED TRANSLATION WITH COPIES OF THE ORIGINAL DOCUMENTS
- MY DOCUMENTS ARE IN A FOREIGN LANGUAGE AND I NEED A QUOTE FOR TRANSLATION SERVICES

SUBMISSION OF ACADEMIC RECORDS AND AUTHENTICATION

PLEASE SUBMIT CLEAR, LEGIBLE COPIES OF YOUR DIPLOMA CERTIFICATES, AND TRANSCRIPTS/MARK SHEETS (ORIGINAL DOCUMENTS MAY BE REQUIRED).

NOTE: Most institutions in the United States require that evaluations be completed based on official documents sent from the issuing institution. If it is difficult for you to obtain sealed/official documents, IFCS can authenticate your documents directly with the issuing institution.



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PLEASE SELECT ONE OF THE FOLLOWING (Required for Post Secondary Studies)

- I WILL ARRANGE FOR MY ISSUING INSTITUTIONS TO SEND MY DOCUMENTS DIRECTLY TO IFCS.
- PLEASE PERFORM DOCUMENT AUTHENTICATION \$100.

Applicants who select to arrange with their issuing institution must submit official transcripts, mark sheets and examination certificates from all institutions attended. Transcript(s) should identify the institution attended and show dates of attendance, examinations passed, grades awarded(official) and the degree awarded. All records should be sealed in stationary envelope(s) and mailed to: **12 Cedar St, Dobbs Ferry, NY 10522.**

DELIVERY SERVICES

- PICK UP IN PERSON
- EMAIL TO THE ADDRESS PROVIDED AT THE BEGINNING OF THE APPLICATION
- US POSTAGE \$5 PER ADDRESS
- DOMESTIC COURIER \$20 PER ADDRESS
- INTERNATIONAL COURIER \$60 PER ADDRESS

TWO COPIES OF THE EVALUATION AND TRANSLATION (IF ORDERED) ARE INCLUDED. YOU CAN SEND TWO COPIES TO ONE ADDRESS OR ONE COPY TO EACH OF TWO ADDRESSES. YOU CAN ORDER ADDITIONAL COPIES FOR \$10 EACH.

ADDRESS TO SEND THE EVALUATION TO:

ADDRESS LINE 1	CITY	STATE	ZIP
ADDRESS LINE 2	CITY	STATE	ZIP

SECTION 5 PAYMENT OPTIONS

- CASH MAY BE PAID IN PERSON.
- CHECK OR MONEY ORDER PAYABLE TO INSTITUTE OF FOREIGN CREDENTIAL SERVICES. MAIL YOUR CHECK OR MONEY ORDER TO;
12 CEDAR ST.DOBBS FERRY, NY 10522.
- CREDIT CARD: (VISA, MASTERCARD OR AMERICAN EXPRESS)

CALCULATING YOUR TOTAL COST:

EVALUATION FEE	AUTHENTICATION FEE(S)	TRANSLATION FEE(S)	DELIVERY FEE(S)	TOTAL

CREDIT CARD TYPE

VISA	MASTERCARD	AMERICAN EXPRESS
NAME ON THE CREDIT CARD	CREDIT CARD NUMBER	CVV (3 DIGIT SECURITY CODE)
EXPIRATION DATE	CREDIT CARD BILLING ADDRESS	

CARD HOLDER'S CONTACT INFORMATION

Phone 1 (____) - _____ - _____ Phone 2 (____) - _____ - _____

Email Address _____

I authorize Institute of Foreign Credential Services to charge the above credit card account for all services I have requested on this application.

CARDHOLDER'S SIGNATURE: _____



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APPLICATION FOR CREDENTIAL EVALUATION

ACCEPTANCE OF OUR TERMS AND CONDITIONS

1. I certify that the information provided in this application is true and correct.
2. No evaluation will be prepared and no refunds will be issued if IFCS determines that your documents have been in any way altered, tampered or forged. Furthermore, all relevant institutions listed on the application will be notified of the forged documentation submitted to IFCS.
3. Payments must be made in U.S. dollars by money order, check, cash, Visa, American Express or MasterCard. If the money order or check is issued by a bank outside of the U.S., it must contain the printed name of the U.S. bank with which the bank is affiliated. A \$40 fee will be charged for all returned checks. All fees are subject to change without notice.
4. Refunds will be made only if an applicant has overpaid for services to IFCS. Files cancelled prior to evaluation will be subject to a \$50 minimum processing fee, including files that have been preliminarily reviewed. Please allow 3-4 weeks for processing of refunds. No refund will be made when the applicant fails to provide required documentation.
5. Institute of Foreign Credential Services reserves the right to refuse service to anyone for any reason.
6. Institute of Foreign Credential Services reserves the right to request additional information and/or official documentation by the issuing institution during the application process. Additionally, IFCS reserves the right to contact the issuing institution and authenticate your educational credentials.
7. Two copies of each evaluation are included with the regular evaluation fee. Additional copies may be requested for \$10 each.
8. I understand that the evaluation reports prepared by IFCS are advisory and are not binding upon any institution which may use them.
9. I understand that my evaluation and/or translation will be completed entirely based on the documents I submit to IFCS.
10. I release IFCS from any liability for damages resulting from the use of an evaluation based on recommended equivalency by myself or third party.

SIGNATURE

DATE