



For ACEI use only

DATE:			REF#		
BR	CR	CMR	24-R	3-R	5-R
FEES: \$					

**APPLICATION FOR EVALUATION OF INTERNATIONAL EDUCATIONAL CREDENTIALS**

Before completing this form, make sure that you have read ALL information provided in <http://www.acei-global.org>

Please PRINT or Type Clearly

NOTE: Failure to provide complete information will delay the application process.

**SECTION A. PERSONAL INFORMATION**

A1. Name: \_\_\_\_\_ Male Female  
(Last/Family Name) (First Name) (Middle Name)

A2. Mailing Address: \_\_\_\_\_  
(Number & Street) (Apt./Flat/Suite#)

\_\_\_\_\_  
(City) (State) (Zip/Postal Code) (Country)

A3. Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day time/Evening Fax# E-mail

A4. Birth Date: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

A5. Have you ever applied to ACEI: NO YES – If yes, when? (date) \_\_\_\_\_

A6. Who referred you to ACEI? \_\_\_\_\_

ACEI Ref. #: \_\_\_\_\_

**SECTION B. ACADEMIC HISTORY**

List ALL educational institutions attended and now attending, beginning with primary school (if additional space is needed, please use a separate sheet of paper and attach to this form). This section **MUST** be completed. Attach an additional sheet if needed.

Name of Institution(s)	City/Country	Dates of Attendance From/To	Credential(s) Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION C. PRIMARY PURPOSE FOR EVALUATION**

Please check (✓):

Further Education – Please specify name of institution: \_\_\_\_\_  
 Employment Immigration Other \_\_\_\_\_  
 Professional Licensure – State: \_\_\_\_\_ Profession: \_\_\_\_\_

**SECTION D. EVALUATION MAILING**

If your OFFICIAL evaluation is to be sent to an address other than the address in section A above, please complete below section.

Mail OFFICIAL evaluation to the address(es) shown below and the DUPLICATE (unofficial) COPY to the address/email in Section A2 above. (If you list more than one address, see Section E2 and E4 for extra charges.) Attach an additional sheet if needed.

1. Name: _____	2. Name: _____
Title/Company/Institution: _____	Title/Company/Institution: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone: ( ) _____	Telephone: ( ) _____
E-mail: _____	E-mail: _____

NOTE: If you are requesting United Parcel Service (UPS) Mail Delivery, please provide a street address and phone#. (No P.O. Boxes)

**SECTION E. TYPES OF EVALUATION REPORTS & ADDITIONAL SERVICES**

**E1. Evaluation Report:**

Please Check (✓) to indicate selection of report:		<b>Enter Amount</b>
<b>BASIC REPORT (General) [suitable for employment/immigration/military enlistment]</b>		
High School/Secondary Level Education (only)	\$ 95.00	\$ _____
High School/Secondary Level Education 1 & more credentials (Flat Fee)	\$ 135.00	\$ _____
College/University studies leading to 1 <sup>st</sup> degree/credential	\$ 95.00	\$ _____
College/University 1 & more credentials (Flat Fee)	\$ 135.00	\$ _____
<b>CALIFORNIA BOARD OF ACCOUNTANCY (CBA) [Course-by-Course for CBA ONLY]</b>		
College/University Education:		
Fee for studies leading to 1 <sup>st</sup> degree/credential	\$ 185.00	\$ _____
Fee for each additional degree/credential (specify # of credentials) _____ x	\$ 95.00	\$ _____
<b>COURSE-BY-COURSE (Detailed report with Grades &amp; G.P.A.)</b>		
<b>[suitable for further education/continuation of studies, teacher Certification, professional certification]</b>		
High School/Secondary Level Education (only)	\$ 165.00	\$ _____
Fee for additional High School/Secondary Level Education credential	\$ 65.00	\$ _____
College/University studies leading 1 <sup>st</sup> degree/credential	\$ 185.00	\$ _____
Fee for each additional degree/credential (specify # of credentials) _____ x	\$ 95.00	\$ _____

**E2. EXTRA OFFICIAL REPORT (optional)** (specify # of extra reports) \_\_\_\_\_ x \$ 30.00 \$ \_\_\_\_\_

**E3. RUSH SERVICE (optional, check only one)**

Payments for RUSH Service evaluations is in addition to the Evaluation Report fee in section E1.

One (1) Business Day (Completed within 1 full business day from receipt of documents)	\$ 150.00	\$ _____
Three (3) Business Days (Completed within 3 full business days from receipt of documents)	\$ 100.00	\$ _____

**E4. MAILING/SHIPPING/HANDLING DELIVERY (REQUIRED)**

Evaluation fee does NOT include the cost for mailing. Select a mailing option for **each** mailing address provided. If required mailing fee is not selected, you will be charged the **Standard Mail** fee for **each** additional address provided.

	SHIP TO: Section A / Section D	Specify # of Mailings		
Standard Mail (USPS)	_____ / _____	_____ x	\$ 14.00 min.*	\$ _____
United Parcel Service (UPS Domestic)	_____ / _____	_____ x	\$ 50.00 min.*	\$ _____
United Parcel Service (UPS International)	_____ / _____	_____ x	\$ 80.00 min.*	\$ _____
E-mail (OFFICIAL evaluation, only to 3 <sup>rd</sup> party)	_____ / _____	_____ x	\$ 10.00	\$ _____
E-mail (Applicant COPY)**	_____ / _____	_____ x	\$ 10.00	\$ _____

\* Mailing and delivery fees listed are the minimum fees for each type of mailing. Certain delivery locations/oversized/extra-large original documents will require additional fees for return mail. Applicants will be notified of the additional postage fee once documents and application are on file.

\*\* No hardcopy of evaluation will be shipped if electronic option is selected.

**TOTAL FEES** \$ \_\_\_\_\_

**E5. PAYMENT (REQUIRED)**

Select Method of Payment: **(Make payments payable to: ACEI)**

Personal Check      Cashier's Check      Money Order  
Debit Card (Visa/MasterCard)      American Express      Discover      MasterCard      Visa

**For Credit Card Payments, please complete the following:**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

3-digit code/CVVS [see back of card] Visa/MasterCard/Discover: \_\_\_\_\_ 4-digit code [see front of card] American Express: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_  
Street / P.O. Box      Apt./Suite#      City      State      Zip Code

Country \_\_\_\_\_ Card Holder's Name (please print): \_\_\_\_\_  
(Name as it appears on the Card)

I hereby authorize the Academic Credentials Evaluation Institute, Inc. (ACEI) to utilize my credit/debit card for the detailed billing as noted on the ACEI Application for Evaluation of International Educational Credentials.

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

## SECTION F. TERMS & CONDITIONS

Please click on the link provided to read ACEI's TERMS & CONDITIONS:

<http://www.acei-global.org/terms-and-conditions>

**In order to proceed, please check the box:**

I have read and agree to ACEI's TERMS & CONDITIONS

## SECTION G. CERTIFICATION BY APPLICANT/AGENT REPRESENTING APPLICANT

- G1.** I certify that, to the best of my knowledge, all the information provided in this form is true, complete and correct.  
**G2.** I certify that I have read TERMS & CONDITIONS of Academic Evaluation as posted above. and/or on the ACEI website: <http://www.acei-global.org> and agree to the terms stated herein.  
**G3.** I understand that the evaluation prepared by ACEI is advisory and not binding upon any individual, institution or agency that uses it and release ACEI from any liability for damages resulting from the use of the evaluation report.  
**G4.** I understand that, once this application is submitted, there are no cancellations and all fees are non-refundable.

\_\_\_\_\_  
(Name, Printed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## CHECKLIST

**Before submitting your application to ACEI, please answer the following questions:**

- Have you read the instructions and requirements information on the ACEI application and website <http://www.acei-global.org>?
- Have you completed and signed the ACEI application?
- Have you sent in all your educational credentials <http://www.acei-global.org>?
- Have you provided certified English translations of all your educational credentials (If your documents were not issued in English by your institution)?
- Have you enclosed the applicable fee?
- Have you enclosed 2 sets of photocopies of all academic documents or included \$20 copy fee?
- Have you read the [TERMS & CONDITIONS](#) and checked the box in section F above?

## APPLICATION MAILING – ACEI's Mail Processing Centers:

### Los Angeles Location\*

ACEI  
9854 National Boulevard, Box 186  
Los Angeles, CA 90034  
U.S.A.

### West Los Angeles Location\*

ACEI  
9461 Charleville Boulevard, Box 188  
Beverly Hills, CA 90212  
U.S.A.

\* These mailing processing centers accepts DHL, FedEx, UPS, TNT as well as regular USPS First Class, Priority Mail, Certified, Registered and Express mail etc. (NOTE: NO WALK-Ins. If you wish to drop off your documents with ACEI, please contact ACEI at 1-310-275-3530 for details on how to schedule an appointment.)

Thank you.