



For ACEI use only

| | | | | |
|-------|----|-----|----------|-----|
| DATE: | | | REF# | |
| BR | CR | CMR | 24-R | 3-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. This section **MUST** be completed. Attach an additional sheet if needed.

| Name of Institution(s) | City/Country | Dates of Attendance (From/To) | Certificate/Diploma/Degree |
|------------------------|--------------|-------------------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 section below.

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: | | Enter Amount |
| BASIC REPORT (General) [suitable for employment/immigration/military enlistment] | | |
| High School/Secondary Level Education (only) | \$ 95.00 | \$ _____ |
| College/University studies leading to 1 st degree/credential | \$ 95.00 | \$ _____ |
| College/University 1 & more credentials (Flat Fee) | \$ 145.00 | \$ _____ |
| CALIFORNIA BOARD OF ACCOUNTANCY (CBA) [Course-by-Course for CBA ONLY] | | |
| College/University Education: | | |
| Fee for studies leading to 1 st degree/credential | \$ 185.00 | \$ _____ |
| Fee for <u>each additional</u> degree/credential (specify # of credentials) _____ x | \$ 95.00 | \$ _____ |
| COMPREHENSIVE REPORT (Course-by-Course with Grades & G.P.A.) | | |
| [suitable for further education/continuation of studies, teacher Certification, professional certification] | | |
| High School/Secondary Level Education (only) | \$ 165.00 | \$ _____ |
| College/University studies leading 1 st degree/credential | \$ 185.00 | \$ _____ |
| Fee for <u>each additional</u> degree/credential (specify # of credentials) _____ x | \$ 95.00 | \$ _____ |

E2. EXTRA OFFICIAL REPORT (optional) (specify # of extra reports) _____ x \$ 35.00 \$ _____

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) | \$ 200.00 | \$ _____ |
| Three (3) Business Days (Completed within 3 full business days from receipt of documents) | \$ 150.00 | \$ _____ |

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 | \$ 20.00 min.* | \$ _____ |
| United Parcel Service (UPS Domestic) | _____ / _____ | _____ x | \$ 50.00 min.* | \$ _____ |
| United Parcel Service (UPS International) | _____ / _____ | _____ x | \$ 80.00 min.* | \$ _____ |
| E-mail (OFFICIAL evaluation, <u>only</u> to 3 rd 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 any additional postage fee.
 ** No hardcopy of evaluation will be shipped if electronic option is selected.
 NOTE: ACEI is NOT responsible for loss/damage of any documents while in transit to/from our offices.

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/CVV5 [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): _____
(First/Given Name) (Middle Name) (Last/Family Name)

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/site-2016/terms-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 on the ACEI website: 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 ACEI is NOT responsible for loss/damage of any documents while in transit to/from ACEI offices.
G5. 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?

MAIL TO:

(ACEI has 2 mail processing centers; you can mail to either address listed below.)

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.