

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

Application for Credential Evaluation and English Testing

THE WELCOME PROJECT®

**Before completing this form, make sure that you have read ALL information provided in www.acei-global.org
Please PRINT or Type Clearly**

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

SECTION A. APPLICANT 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) _____ ACEI Ref. #: _____

A6. Your institution's Student ID#: _____

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	Credential(s) Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION C. SERVICE OPTIONS

Please check (✓) and enter the amount to indicate service option you are requesting	<u>Enter Amount</u>	
Basic Report and English Testing	\$105.00	\$ _____
Comprehensive Report and English Testing	\$195.00	\$ _____

SECTION D. MAILING/SHIPPING/HANDLING DELIVERY (REQUIRED)

ACEI will submit the Official Evaluation directly to the corresponding institution's personal ACEI SecurePathway account and return all original documents (if submitted by the applicant) to the applicant address in section A2 above.

Priority Mail <i>(domestic/US only – provides you tracking and guarantees delivery 1 -3 business days)</i>	\$ 20.00	\$ _____
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TOTAL FEES \$ _____

SECTION E. PAYMENT

Submitting institution agrees to pay on behalf of its applicants the sum total of fees listed above and has attached this fee by check or completed the below credit card information. Any additional/missing fee will be notified to the institution by ACEI.

(Make payments payable to: ACEI)

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): _____
(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. CERTIFICATION BY APPLICANT & INSTITUTION

- F1.** I certify that, to the best of my knowledge, all the information provided in this form is true, complete and correct.
- F2.** I certify that I have read TERMS & CONDITIONS on the ACEI website: www.acei-global.org and agree to the terms stated herein.
- F3.** 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.
- F4.** I understand ACEI is not responsible for loss/damage of any documents while in transit to/from ACEI offices.
- F5.** I understand that, once this application is submitted, there are no cancellations and all fees are non-refundable.

Signature by Applicant:

(Name, Printed) (Signature) (Date)

Signature by Institution:

(Name, Printed) (Signature) (Date)

APPLICATION MAILING

Please mail your package to the following address:

West Los Angeles Location*

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

*NOTE: This mailing handling facility accepts; DHL, FedEx, UPS, etc. No walk-ins.

(Rev. 11/9/18)