

FCSA Application for Credentials Evaluation – Standard Application Form Page 2

Please type or write legibly. Any missing, illegible, or incomplete information may result in the delay or non-processing of your application. All applications received after 2 PM CST will be considered to have been received the following business day.

Personal Information

Note: Only the first and last name will be included on the report.

First Name: _____ Date of Birth (MM/DD/YYYY): _____

Middle Name: _____ Foreign Country(s) of Education: _____

Last Name: _____ Gender: Male Female

Other Name(s) that might appear on documents, including maiden names: _____ Phone: _____ Fax: _____

E-mail: _____
(You will receive status updates and a copy of your evaluation at this address.)

Shipping Address:

Attention to: _____

Street, Apt/Suite: _____

City, State, Zip (Country, if not USA): _____

Return my ACADEMIC original documents, if applicable

Purpose of Evaluation *(Please visit our website for specific instructions that may be applicable for evaluations intended for certain universities, licensing boards, etc)*

Employment University Admission

Other: _____

Referral Information

How did you hear about FCSA? _____

Summary of Educational Experience *Use additional sheet of paper if necessary*

Name of School and Location	Dates of Attendance (From - To)	Degree, Title or Certificate	Year Earned or Expected

Service *(required – see page 1 for description of services)*

General Statement of Equivalency (\$80) Detailed Evaluation of Coursework (\$140)

Rush Options

If no rush service is selected, the evaluation will be completed within approximately 10 business days.

3 Working Days (\$75.00) One Day Service for General Evaluation (\$175)

One Day Service for Detailed Evaluation (\$210)

Expedited Delivery Options *First-Class USPS shipping with tracking number is automatically included at no cost to you*

US Expedited Delivery (\$25.00)(Per address) International Expedited Delivery (\$35) (Per address)

Additional Copies

Additional Copies (\$25) *(per report, any amount can be requested at any time*)* x \$25 = _____

Additional Copy Address: *(Attach a separate sheet to this application for additional addresses)*

Attention to: _____

Street, Apt/Suite: _____

City, State, Zip (Country, if not USA): _____

Return my ACADEMIC original documents, if applicable

***Reports are guaranteed to be available for two years following the date of evaluation but are typically available for up to four years.**

Additional Copy Delivery Options

First-Class USPS shipping with tracking number (free)

US Expedited Delivery (\$25) *(Per address)*

International Expedited Delivery (\$35) *(Per address)*

Payment Information

Enclosed US Check or US Money Order *(Make payable to FCSA)* **Total**

Credit Card

Visa MasterCard American Express

Name On Card _____

Credit Card Number _____

Expiration Date (xx/xx): _____ CVV # _____

Authorization Signature _____

Billing Address: _____

Notes, special requests: *(For example: I need my report in a separate sealed envelope)*

Signed Statement

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions and agree to the terms stated therein. I understand that cancellations must be requested prior to the completion of the evaluation. A non-refundable processing fee of \$25 will be deducted from all cancellations. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it nor guaranteed to be accepted or used by any agency or institution. I release Foreign Credentials Service of America from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation.

Signature of Applicant/Contact _____ Date _____