



APPLICATION FOR EDUCATION CREDENTIALS EVALUATION

Please submit this application to Globe Language Services with ORIGINAL education documents and a money order or certified check. Do not fill in this application if you are planning to come to our office with your documents

1. Last Name(s) 1a. First Name & Other Names
2. Street Address 2a. Apt#/Suite/Flr
- 2b. City 2c. State/Province 2d. Postal Code 2e. Country
- 2f. Phone No. 2g. Fax No. 2h. E-mail
3. Date of Birth 4. Gender M F 5. Country of studies
6. US Social Security # (Needed only for some government job applications. Can be provided later, if necessary)

7. If you would like this evaluation or its duplicate of it to be mailed to an agency or person, please provide name and address below. Evaluation fee includes only one original report. Please order duplicate(s) in section 9 if needed

- 7a. For DCAS or MTA please provide Exam # and Title
- 7b. Name of Person or Agency
- 7c. Street Address 7d. Apt#/Suite/Flr
- 7e. City 7f. State/Province 7g. Postal Code 7h. Country
- 7i. Phone No. 7j. Fax No. 7k. E-mail

8. TYPE OF EVALUATION

- Document by Document (Diploma/Degree) \$110
- Course-byCourse \$220 Consolidation of Credits and Grades when multiple transcripts are submitted \$70

- ### 9. PROCESSING TIME
- (Does not include mailing time)
- 10 Business Days + \$0
 - 5 Business Days + \$60
 - 3 Business Days + \$120
 - 1 Business Day + \$190

10. MAILING AND OTHER SERVICES

- Pick-Up Priority Mail (\$20) Express Mail (\$40) International Express Mail (\$75) E-mail (to agency or school only) \$10

ORIGINAL DOCUMENTS WILL BE RETURNED ONLY VIA EXPRESS OR INTERNATIONAL EXPRESS MAIL

- Sealed envelope (\$5 each. Tamper-proof packaging) Postcard for DCAS/MTA (\$5)
- Number of duplicates \$30 each with this request. Each duplicate requested at a later time will cost \$50
- Translation fee as quoted by Globe Language Services. To receive a quote please e-mail your documents to info@globelanguage.com

11. Payment can be provided by credit/debit card, money order or certified check. Personal checks are not accepted. In case of a credit/debit card payment please fill in ALL the fields below:

- 11a. Card Type 11b. Card Number 11c. Expiration Date
- 11d. CVV2 (3 digit number on the back of Visa, MasterCard or Discover Card. 4 digit number on the front American Express Card)
- 11e. Cardholder's Name
- 11f. Billing Address 11g. Apt#/Suite/Flr
- 11h. City 11i. State/Province 11j. Postal Code

12. I AUTHORIZE GLOBE LANGUAGE SERVICES, INC TO CHARGE MY CARD IN THE AMOUNT OF \$

I hereby affirm that: a) the information provided by me is correct; b) I agree to the terms herein stated; c) I understand that this report is advisory and is not binding on anyone who uses it; d) I release Globe Language Services, Inc from any liability for damages resulting from the use of the evaluation report by me or any agency or institution. Globe Language Services, Inc. reserves the right to request additional information, including original documents, and to verify documents with issuing institutions.

FEEES ARE NON-REFUNDABLE.

Payer's Signature Printed name

Date