

(City)

## Bruscan Educational Information Services

3317 Finley Road, Suite 214, Irving, Texas 75062, USA
Tel: (214) 693 3869; Fax: (972) 887-3642 Email: info@bruscan.com web: www.bruscan.com

## APPLICATION FOR FOREIGN CREDENTIALS EVALUATION

**Important:** Please read the application instructions carefully and print legibly. Application will not be processed without properly completed, signed and all the required service fees and educational records received. All documents submitted become the property of Bruscan Educational Information Services and are subject to verification from the issuing institution. \*\*PLEASE DO NOT FAX documents\*\*

1. PERSONAL DATA: (Please enter your name as shown on your government issued identification)

Legal Name: \_\_\_ (First) (Middle / Other Names) (Last /Surname) (Maiden Name) Enter Name as shown on Academic Records, if different from above: Legal Name: \_ (Middle / Other Names) (First) (Last /Surname) Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_ Year\_\_\_\_ Place of Birth: (City) (State) (Country) Nationality: Country of Citizenship: Gender: Male\_\_\_\_ Female\_\_\_ Other\_\_\_\_ Home Address or Permanent Home Address: (Street Address)

(State)

(Zip Code)

(Country)

City)		(State)	(Country)	(Zip Code)	
el:					
mail:					
ax:					
lave you ever applied for	evaluation thro	ough us? Yes N	No		
yes, give Application/Ro	eference ID:				
Iow did you learn about o	our services? (P	lease check all tha	at apply)		
Veb Advertisement_ chool/College/University					
tate Licensing / Certification (please specify):	tion Board	_ (please give nam	ne):		
ther (piease specify)					
Name of School/ Institution Attended (Do Not		_	Name of Certificate/ Degree/Diploma Earned	Graduation Date Month & Year	Major / Program o Study
Abbreviate)					
Abbreviate)					

4. EVAULATION REQUESTING & APPROPRIATE FEES (CHECK OHE):	
General Evaluation/Basic statement of comparability Course-by-Course Evaluation Comprehensive Evaluation (Detailed Course-by-Course with Grades and GPA) Comprehensive Evaluation with Detailed Work Experience **  ** Suitable for Immigration (H1B Work Visa or Permit), Professional licensure or Certification	\$75 \$125 \$155 \$350
Credential Evaluation Timeframe: 10 Calendar days	
Additional Services (Optional). Fees quoted below are in addition to the fees ab 1-Day Rush Service (Within 24 hrs. – General Evaluation/Basic Statement of Comparability 1-Day Rush Service (Within 24hrs Course-by-Course and Comprehensive Evaluation) 5 Working Days Rush Service for Credential Evaluation 7 Working Days Rush Service for Credential Evaluation	
<b>Extra Copy of Evaluation Report (Request at the Time of Evaluation or At a Later Da</b> Extra Copy of Evaluation Report	te) \$20 per copy
Zinaa copy of Zinaanion report	Ф <b>2</b> 0 рег сору
Mailing & Postage Options (Optional)	
United States Postal Services (USPS) Regular First Class Mail (Delivery timeframe varies) United States Postal Services (USPS) Priority Mail (3-5 Business Days) USPS Express or Courier Delivery (Within US & Canada Next Day) USPS Express or Courier Delivery (International/Worldwide Destinations) FedEx/ UPS/ DHL Courier Delivery options (Worldwide) **Please call for price details*	Free \$10 \$30 \$75
Document Translation Fees All Languages \$5	50 per page
TOTAL Fees: \$	
***ALL fees paid are non-refundable. All fees are subject to change without no Note: All evaluation report includes two (2) copies. One copy is for the applicant, and of for the recipient. The reports are sent via USPS Regular First Class Mail unless Expre option is selected. The Evaluation report is valid for Five (5) years from the date of issues.	one copy is ess or Courier
5. METHOD OF PAYMENT (All payment in US dollars only)	
We accept Money Order or Certified Check drawn on a US bank made payable to <b>Bruscan Education Information Services</b> . We accept Debit/Credit Card: Visa, MasterCard, Discover, American Express Card details:	
Name on card:	
Credit card #:Exp date:/	. CVV:
Billing address of credit card:	
Signature Date:	

## **6. DOCUMENTS REQUIRED FOR EVALUATION:**

- 1. A completed, signed and dated Application for Evaluation.
- 2. Appropriate payment.

- 3. Submit photocopy, official or certified copies of the original secondary school and all Postsecondary (University) records. All academic records (transcripts, mark sheets, examination results, diploma, certificates) for secondary and post-secondary must be provided, if applicable.
- 4. Submit official syllabi or course description for all post-secondary (university) academic work completed, resume/CV, list of research publication for course-by-course or detailed evaluation.
- 5. Documents that are not in English must be translated. Contact us if you need translation.
- 6. Altered or forged documents will not be returned and all fees paid will not be refunded.

## Please send completed evaluation reports to:

(Street Address)			
(City)	(State)	(Country)	(Zip Code)
B. Institution/Emplo	oyer/Agency Name & A	ddress:	
(Street Address)			
(City)	(State)	(Country)	(Zip Code)
APPLICANT'S CERT	<b>FIFICATION</b>		
lerstood the instructions a	ion furnished on this applicand conditions provided in the been provided to the best conditions or certified true conv. It	this application and here of my knowledge. All do	by agree to the terms. ocuments submitted for action report is advisor
luation are certified office not binding upon any agormation Services and its	gency or institution that uses officers from any liability as the evaluation. I authorize	for damages resulting fro	om the use to which I

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