

Bruscan Educational Information Services

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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**

Legal Name:(First)		. — (AC111 / Od - W		
(First)	(MIII)	(Middle / Other Names)		
(Last /Surname)	(Mai	(Maiden Name)		
Enter Name as shown on Academic Record	ds, if different from	above:		
Legal Name:				
(First)	(Mid	(Middle / Other Names)		
(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 Addre	ss:			
		Apt#:		
(Street Address)		-		
(City)	(State)	(Country) (Zip Code)		

Tel:					
Email:					
Fax:					
Have you ever applied for evalua	tion through	us? Yes No			
If yes, give Application/Referen	nce ID:				
How did you learn about our serv	vices? (Please	check all that app	oly)		
Web AdvertisementFriendschool/College/University (State Licensing / Certification Bother (please specify):	please give na pard (ple	ame): ase give name):			
2. EDUCATIONAL DATA					
List all Secondary/High Schools, earned or expected (Most recent fi			and/or presently attend	ling with degre	e(s)
Name of School/ Institution Attended (Do Not Abbreviate)	Location (City & Country)	Dates Attended (From - To) (Month & Year) To Month & Year	Name of Certificate/ Degree/ Diploma Received	Graduation Date Month & Year	Major / Program of Study
3. PURPOSE OF EVALUATI	ON (Check	all that apply):			
Further Education: Licensing/Certification:	_	loyment:	Immigration	:	

4. EVAULATION REQUESTING & APPROPRIATE FEES (Check one):			
General Evaluation/Basic Statement of Comparability Course-by-Course Evaluation*	\$75 \$125		
Comprehensive Evaluation (Detailed Course-by-Course with Grades and GPA)**	\$155		
*For Cosmetology/Barber License ** For Teacher/Accounting/Nutrition Licensing/Cer	tification		
Credential Evaluation Timeframe: 10 Calendar days (Longer for Document Ve	rification)		
Additional Services (Optional). Fees quoted below are in addition to the fees ab	ove		
1-Day Rush Service (Within 24 hrs General Evaluation/Basic Statement of Comparability	y) \$180		
1-Day Rush Service (Within 24hrs Course-by-Course and Comprehensive Evaluation)	\$225		
5 Working Days Rush Service for Credential Evaluation	\$75		
7 Working Days Rush Service for Credential Evaluation	\$60		
Extra Copy of Evaluation Report (Request at the Time of Evaluation or At a Later Da			
Extra Copy of Evaluation Report	\$20 per copy		
Mailing & Postage Options (Optional)			
United States Postal Services (USPS) Regular First Class Mail (Delivery timeframe varies)	Free		
Jnited States Postal Services (USPS) Priority Mail (3-5 Business Days) \$			
USPS Express or Courier Delivery (Within US & Canada Next Day)	\$30		
USPS Express or Courier Delivery (International/Worldwide Destinations)	\$75		
FedEx/ UPS/ DHL Courier Delivery options (Worldwide) **Please call for price details**	k		
Document Translation Fees			
All Languages @\$50 per page No of Pa	ages:		
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 Expresoption is selected. The Evaluation report is valid for Five (5) years from the date of issues.	one copy is ss 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 Bruscan Education Information Services . 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. <u>DOCUMENTS REQUIRED FOR EVALUATION</u>:

- 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 Post-secondary (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. <u>Contact us</u> 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)
Contact Name & Email	:		
B. Institution/Emplo	oyer/Agency Name & A	ddress:	
(Street Address)			
(City)	(State)	(Country)	(Zip Code)
Contact Name & Email	:		
APPLICANT'S CER	<u> </u>		
lerstood the instructions required information has luation are certified office not binding upon any agormation Services and its	tion furnished on this applicand conditions provided in a been provided to the best cial or certified true copy. I gency or institution that use a officers from any liability ts the evaluation. I authorize	this application and here of my knowledge. All do understand that the eval- is it. I therefore release B for damages resulting fr	by agree to the terms. A ocuments submitted for uation report is advisor Bruscan Educational om the use to which I of
plicant's Signature:		Date:	

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