



INTERNATIONAL INSTITUTE OF CALIFORNIA

PIN _____ Date _____

(IIC use only)

3550 Stevens Creek Blvd., Suite #310 San Jose, CA, USA, 95117 Tel: (408) 249-1505 Fax: (408) 249-3187 E-mail info@iicus.com website www.iicus.com

CREDENTIAL EVALUATION APPLICATION FORM

1. **Applicant's Name:** Last/Family _____ First _____ Middle _____

2. ___ Male ___ Female

3. Date of Birth _____ Month/ Day /Year

4. Country of Birth _____

5. Country of Citizenship _____

6. Current Mailing Address _____

7. Telephone: Home (_____) _____ Cell phone (_____) _____

E-mail address: _____

8. Evaluation Request: (see brochure for description)

(Please check one)

- ___ General Academic Work
- ___ Doctoral Work
- ___ US Armed Forces (Army, Navy, Air Force, Coast Guard, Police Academy)

9. Type of Evaluation Requested: (see description)

(Check one please)

- ___ Summary Report (Mostly for High School Graduates)
- ___ Course by Course Analysis:
 - A. ___ Without clinical
 - B. ___ With clinical

10. Do you need a rushed evaluation?

- ___ Yes
- ___ No

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If your answer is yes, please check one

- ___ 24 Hours
- ___ 3 Working Days
- ___ 5 Working Days
- ___ 10 Working Days
- ___ 15 Working Days

11. This evaluation is intended for:

(Check one please)

- ___ Employer
- ___ College or University Admission
- ___ Other: (Please Specify) _____

12. Do you need an extra copy?

- Yes _____
- No _____
- If yes, how many _____

13. Where do you want the evaluation to be mailed?

(Check one please)

- ___ Original and Copy to You
- ___ Original to the intended agency and copy to you. Please give the complete name and address of the agency: _____

14. List below your High School, Colleges and/or Universities you attended in your country
Name of School or College/University Dates attended (From-to) Diploma/Degree earned Date

School Name: _____

Date Enrolled: _____

Units Completed: _____

Degree Earned: _____

Date Expected: _____

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15. How did you hear about IIC? (Check one please)

- ___ Friends
- ___ Our Brochure
- ___ University or College
- ___ Language Schools
- ___ Social Media/LinkedIn/Internet
- ___ Other (Please Specify) _____

I have read and understood the terms and conditions described this evaluation by IIC. All documents I submitted to IIC are original/certified original documents or accurate copies of original documents.

Signature _____

Date _____

Please remember to enclose all documents [certificate(s), diploma(s), transcript(s), mark sheets, grade reports, course syllabus translations and fees]. **INCOMPLETE FILES MAY DELAY YOUR EVALUATION.** You may make copies of this form if you wish.

PLEASE MAIL TO International Institute of California: 3550 Stevens Creek Boulevard, Suite #310 San Jose, California 95117

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