



International Institute of California

Address: 3550 Stevens Creek Blvd., Suite 310, San Jose, CA, USA, 95117
Telephone: (408) 249-1505 | **Fax:** (408) 249-3187 **Email:** info@iicus.com

www.iicus.com

PIN _____ **Date:** _____
(For IIC use only)

CREDENTIAL EVALUATION APPLICATION FORM

1. Applicant's Name:

Last Name: _____ First Name: _____

Middle Name: _____

2. **Gender:** Male Female Other (Please specify): _____

3. **Date of Birth:** Month: _____ Day: _____ Year: _____

4. **Country of Birth:** _____

5. **Country where your education is completed:** _____

6. **Current Mailing Address:** _____

7. **Contact Information:** Telephone: _____ Email: _____

8. Evaluation Request:

(Please check one.)

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

9. Type of evaluation requested:

(Please check one.)

- Summary Report (Mainly for High School Graduates)
- Course-by-Course Analysis (Applicable to all others)

10. Rushed Evaluation:

Do you need a rushed evaluation?

- Yes No

If yes, please check one: Additional fee will be applied:

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

11. Intended Use of Evaluation:

(Please check one.)

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

12. Do you need additional copies? An additional fee will be applied.

- Yes (How many?) _____ No _____

13. Where should the evaluation be mailed?

(Please check one.)

- Original and copy to you
- Original to the intended agency and copy to you.

If you selected "Original to the intended agency and copy to you," please provide the full name and address of the agency:

Agency Name: _____

Agency Address: _____

14. Educational History: Please list the high schools, colleges, and universities where your documents were completed.

School /Collge Name	Dates Attended (From-To)	Diploma/Degree Earned	Date Earned
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

15. How did you hear about IIC?

(Please check one.)

- Friends
- Our Brochure
- University or College
- Language Schools
- Internet
- Other (Please specify): _____

Applicant's Declaration

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

Signature: _____ **Date:** _____

Please ensure that you enclose all required documents. Incomplete files may delay your evaluation. Include all relevant documents, such as certificates, diplomas, transcripts, course syllabus translations, and fees.

Please mail your documents to:
International Institute of California
3550 Stevens Creek Blvd., Suite 310
San Jose, California 95117

Address: 3550 Stevens Creek Blvd., Suite 310, San Jose, CA, USA, 95117
Telephone: (408) 249-1505 | **Fax:** (408) 249-3187 **Email:** info@iicus.com

www.iicus.com