



## 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](mailto:info@iicus.com) website [www.iicus.com](http://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:
  - \_\_\_ Without clinical
  - \_\_\_ With clinical

10. Do you need a rushed evaluation?

- \_\_\_ Yes
- \_\_\_ No

Over to page 2

Page 2 IIC Credential Evaluation Application:

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: \_\_\_\_\_

Over to page 3

**Page 3 IIC Credential Evaluation Application:**

**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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