



# INSTITUTE OF FOREIGN CREDENTIAL SERVICES

12 CEDAR STREET, DOBBS FERRY, NY 10522 | [WWW.IFCSEVALS.COM](http://WWW.IFCSEVALS.COM)  
PHONE 914.693.2840 | FAX 914.231.7782 | EMAIL [APPS@IFCSEVALS.COM](mailto:APPS@IFCSEVALS.COM)

## CREDENTIAL EVALUATION APPLICATION FOR ST. JOHN'S UNIVERSITY

### SECTION 1 PERSONAL INFORMATION

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Name on Educational Credentials IF DIFFERENT \_\_\_\_\_ Gender MALE FEMALE  
LAST FIRST MIDDLE

Date of Birth \_\_\_\_\_ Phone Numbers HOME (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ CELL (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
MONTH / DAY / YEAR

Email address \_\_\_\_\_ How did you hear about IFCS? \_\_\_\_\_

### SECTION 2 ACADEMIC HISTORY

List all educational institutions attended, beginning with secondary school and ending with the last year of education.

NAME OF INSTITUTION	COUNTRY	DATES OF ATTENDANCE	DEGREE(S) EARNED
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### SECTION 3 PURPOSE OF EVALUATION

Check the appropriate box.

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> FURTHER EDUCATION | <input type="checkbox"/> IMMIGRATION | <input type="checkbox"/> LICENSING BOARDS |
| <input type="checkbox"/> EMPLOYMENT        | <input type="checkbox"/> MILITARY    | <input type="checkbox"/> OTHER _____      |

### SECTION 4 TYPES OF EVALUATION REPORTS AND ADDITIONAL SERVICES

CREDENTIAL EVALUATIONS PLEASE SELECT ONE OF THE FOLLOWING

Course-By-Course

5 BUSINESS DAYS	3 BUSINESS DAYS	24 HOURS
\$140	\$220	\$300

**TRANSLATION** IF YOUR DOCUMENTS ARE IN A FOREIGN LANGUAGE, AND YOU DO NOT HAVE A CERTIFIED TRANSLATION, WE CAN PROVIDE A TRANSLATION QUOTE.

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

- ☐ ALL MY DOCUMENTS ARE IN ENGLISH AND I DO NOT NEED TRANSLATION OF MY DOCUMENTS
- ☐ MY DOCUMENTS ARE IN A FOREIGN LANGUAGE BUT I WILL PROVIDE A CERTIFIED TRANSLATION WITH COPIES OF THE ORIGINAL DOCUMENTS
- ☐ MY DOCUMENTS ARE IN A FOREIGN LANGUAGE AND I NEED A QUOTE FOR TRANSLATION SERVICES

### SUBMISSION OF ACADEMIC RECORDS AND AUTHENTICATION

PLEASE SUBMIT CLEAR, LEGIBLE COPIES OF YOUR DIPLOMA CERTIFICATES, AND TRANSCRIPTS/MARK SHEETS (ORIGINAL DOCUMENTS MAY BE REQUIRED).

**NOTE:** Most institutions in the United States require that evaluations be completed based on official documents sent from the issuing institution. If it is difficult for you to obtain sealed/official documents, IFCS can authenticate your documents directly with the issuing institution.



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## PLEASE SELECT ONE OF THE FOLLOWING (Required for post secondary studies)

I WILL SUBMIT OFFICIAL DOCUMENTS TO IFCS. (To be considered "official" your documents must be sealed by the issuing institution)  
PLEASE PERFORM DOCUMENT AUTHENTICATION \$100.

Sealed documents can be submitted by the applicant or issuing institution. All records should be mailed to: **12 Cedar ST, Dobbs Ferry, NY 10522.**

## DELIVERY SERVICES

- ☐ PICK UP IN PERSON
- ☐ EMAIL TO THE ADDRESS PROVIDED AT THE BEGINNING OF THE APPLICATION
- ☐ US POSTAGE \$5 PER ADDRESS
- ☐ DOMESTIC COURIER \$20 PER ADDRESS
- ☐ INTERNATIONAL COURIER \$60 PER ADDRESS

TWO COPIES OF THE EVALUATION AND TRANSLATION (IF ORDERED) ARE INCLUDED. YOU CAN SEND TWO COPIES TO ONE ADDRESS OR ONE COPY TO EACH OF TWO ADDRESSES. YOU CAN ORDER ADDITIONAL COPIES FOR \$10 EACH.

### ADDRESS TO SEND THE EVALUATION TO:

ADDRESS LINE 1	CITY	STATE	ZIP
ADDRESS LINE 2	CITY	STATE	ZIP

## SECTION 5 PAYMENT OPTIONS

- ☐ CASH MAY BE PAID IN PERSON.
- ☐ CHECK OR MONEY ORDER PAYABLE TO INSTITUTE OF FOREIGN CREDENTIAL SERVICES. MAIL YOUR CHECK OR MONEY ORDER TO;  
**12 CEDAR ST.DOBBS FERRY, NY 10522.**
- ☐ CREDIT CARD: (VISA, MASTERCARD OR AMERICAN EXPRESS)

### CALCULATING YOUR TOTAL COST:

EVALUATION FEE	AUTHENTICATION FEE(S)	TRANSLATION FEE(S)	DELIVERY FEE(S)	TOTAL

### CREDIT CARD TYPE

VISA

MASTERCARD

AMERICAN EXPRESS

NAME ON THE CREDIT CARD

CREDIT CARD NUMBER

CVV (3 DIGIT SECURITY CODE)

EXPIRATION DATE

CREDIT CARD BILLING ADDRESS

### CARD HOLDER'S CONTACT INFORMATION

Phone 1 (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone 2 (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

I authorize Institute of Foreign Credential Services to charge the above credit card account  
for all services I have requested on this application.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_