FTES Application

Please print this form, then read the appended instructions before filling it out.

Name				
Last/Family	First/Given		Social Security	
Date of Birth: (Mo/Day/Yr)	Country of Birth:		M/F	
Aailing Address: No./St			Apt./Flat Number	
SityS	State/Province	_ Country	Zip/Postal	
Day Telephone	Fax		_E-mail	
ave you ever submitted an application t	o FTES?NoYes If y	es, date:	Ref. #	
ow did you hear about - or who referred	d you to - FTES?			
Purpose of Evaluation				
Education Employme	ent ImmigrationProfessional Lice		ensing/Certification (specify)	
		Profession	State	e
Please list all Educational Institut	ions attended: secondary	school to current institution.		
Institution	Country	Dates of Attendance	Diploma/Certificate	Graduation Date
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f you would like a conv of the report cont	t to an academic institution, li	icensing board or employer, plea	se indicate exact name(s) a	nd address (es)
elow. The first copy is complimentary.		2		
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elow. The first copy is complimentary.	For Office Use			
Date Received _ / _ / _			Method of payment :	

Name (printed)

Applicants are usually referred to FTES by academic institutions, licensing boards or employers. If this is not the case or if you do not know the type of evaluation report that is required, please contact the institution, agency or employer to which you will submit the evaluation report and check the type of FTES evaluation that they will accept.

OVERSEAS PAYMENTS must be in U.S. dollars and drawn on a bank located in the U.S. Fees are subject to change without notice.

Procedures and Policies

FTES evaluates only formal educational credentials and reserves the right not to accept an application for evaluation.

We send you the completed evaluation certificate within 2 to 3 weeks
after your application certificate within 2 to 3 weeks after your application certificate within 2 to 3 weeks after your application is complete. We will send your evaluation by regular mail anywhere in the world at no additional cost to you. If you wish your evaluation report sent by overnight courier and you live in the U.S. see the fee schedule.
We will send your evaluation in a sealed envelope. To have it send to an address other than your home, check the box and give the contact name and complete address.
You must that you are the same person named on your educational records. If any of your records refer to you by a name different from what you have listed, list that name and provide a marriage license or some other documentation that shows your name has been legally changed.
Re- Evaluations – Requests for re-evaluation based on documents that were not submitted with the original application constitute a new evaluation, and a second payment of the basic fee is required.
Document Verification Fees - Academic institutions in certain countries require the payment of a fee in order to verify educational credentials. When an institution requests such a payment FTES passes the request to the applicant who must pay the fee directly to the institution.
Fraudulent Documents – When any document submitted with an application is found to have been altered, tampered with or forged. FTES cancels the application and retains all the documents. Fees are not refunded. FTES will notify all recipients indicated on the application form
as well as other appropriate authorities. Fees are not refundable once an application is submitted. Returned checks are subject to an additional fee of \$ 30
Translations into English: If the academic institution that you attended does not issue documents in English, you must submit precise word-for- word translations of all your credentials. To have your documents translated, you may contact University language service (ULS) at <u>http://www.alsintl.com/university.htm</u> or call them at 1-800-419-4601. (Outside the U.S., call 001-212-766-4111). This information is provided for your convenience only. All arrangements must be made directly with ULS or the translator of your choice.

PROCEDURE FOR THE APPEALS PROCESS:

- Customer to contact the office staff based on the reference number
- Office staff to contact the evaluator and inform customer's issue with the evaluation
- If customer is not satisfied with the evaluation, Director to get involved until satisfactory outcome is obtained.

Please read and sign below to indicate your agreement with the following authorization and waiver of Liability:

I hereby grant Foreign Transcripts Evaluation Service (FTES) and any of its agent's permission to examine all records related to my academic study, including records on file at educational institutions, and I grant permission to FTES to verify the authenticity of all such records for the purpose of determining the level of my academic attainment. I certify that the information contained in this application and all records submitted with this are true and correct, and are records related to my academic studies. I understand that if my records are altered or misrepresent the actual facts, no evaluation will be prepared, my documents will not be returned, and no refund will be made.

I agree to release and discharge FTES, and each of its officers, directors, employees, agents, and other individuals affiliated with FTES from all claims or law suits I have under state or federal law, arising from FTES's performance or non-performance related to the evaluation of my academic records. I also waive all rights I may have under section 1542 of the California civil Code, regarding claims that are unknown to creditors at the time of signing a general release such as this. Should suit be filed by me, or by any current or future agent or employee on my behalf, attempting to enforce a claim or demand so released, then this agreement may be used by the party against whom any suit has been brought. This Agreement shall be interpreted, construed and governed according to the laws of the State of California. In the event of Litigation, venue in state trial courts shall lie exclusively in the eastern district of California.

I agree to accept the evaluation provided to me as a fulfillment of the services for which I have paid. I understand that the evaluation is advisory in nature and does not guarantee attainment of any objective that motivates the request for this evaluation. I understand that when the application has been submitted and fees have been paid, I must pay a cancellation fee to withdraw my application: and further, I understand that if FTES determines that the evaluation process has begun, then no refund will be made to me.

My signature below attests to my agreement with all the terms and conditions stated below

Signature of applicant:

Date: