## INTERNATIONAL UNIVERSITY LINE P. O. Box 2525 La Jolla, CA 92038 Phone 858 457-0595 \* Fax 858 581-9073

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## APPLICATION FOR EVALUATION OF EDUCATIONAL CREDENTIALS

Purpose of Evaluation: □ Education □, Em	nployment □, Immigrat	tion □, Licensing/Certifi	cation □
1. Name			
(Family name as it appears on your documents)		(First)	(Middle)
2. Address			
3. If you want this evaluation mailed to an	agency or another per	rson, please give addres	s and name below:
4. Telephone: ();	Fax: ()	e-n	nail:
5. Date of Birth// Month) (Day) (Year)	/6. Male $\Box$ Female $\Box$		Male □ Female □
7. Citizenship	Country	y of Birth	
8. EDUCATION: List ALL schools you have			
additional list if needed).			estact dates and diplomas (1 lease use
Institution	Country, Location	Dates Dates	Name of the Diploma
9. Name of institution where this evaluation  1. Diploma/Degree Equivalence: Associate			
2. Secondary School Course-by-Course (\$13			
3. Associate Degree Course-by-Course (\$15			
4. Bachelor Course-by-Course: (\$180.00 US		•	
5. Master and Medical Degrees, Course-by-	Course: (\$205.00 US)	☐ twenty business days.	
6. Ph. D., Course-by-Course: (\$285.00 US)	□ twenty business days	S.	
7. Comprehensive Evaluation: (\$325.00 US	) □ twenty business day	ys.	
8. Education+Work Experience (\$350.00-\$1	· · · · · · · · · · · · · · · · · · ·	-	
9. Duplicates: (\$20.00 each) if ordered with Number of copies	the original evaluation	report □; (\$35.00 each)	it ordered separately □.
10. Rush Fees: \$300 1-Day □; \$150 3-Days			
IUL will also officially translate, certify, and	notarize your documer	nts for a fee of \$75.00 per	r document $\Box x$ documents.
IUL will issue a frameable (8.5" x 11") short I am enclosing \$	evaluation certificate for	or \$45 □.	
Affirmations: I hereby affirm that a) the information provide advisory and is not binding on anyone who use from the use to which I, or any agency or instance.	ses it; d) I release Inter	national University Line	
(Signature-Applicant or Legal Representative)	(Name, Pri	inted)	(Date)