



**For Office Use Only:**

<input type="checkbox"/> Evaluation with Translation	<input type="checkbox"/> General Evaluation
<input type="checkbox"/> Evaluation only	<input type="checkbox"/> Grade Evaluation
<input type="checkbox"/> Translation only	<input type="checkbox"/> Comprehensive Evaluation
	<input type="checkbox"/> Comprehensive for Boards

Client ID: 20 -

**UPDATE APPLICATION**

Use this form if you have previous had an evaluation completed by Academic Evaluation Services and are adding new documents for evaluation or requesting a more detailed evaluation of previously submitted documents. Forms may be emailed (preferred), faxed or mailed to our office along with original or official documents to be evaluated. Refer to contact information at the end of this form or on our website.

**PERSONAL DATA:**

Name (on evaluation): \_\_\_\_\_

(Family name / Last name)

(Given name / First name)

(Middle name/s)

Date of Original Evaluation: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

**CURRENT ADDRESS:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**UPDATE REQUESTED FOR:**

<input type="checkbox"/> Study in the U.S.	<input type="checkbox"/> Teaching (teacher / substitute / aide / assistant)
<input type="checkbox"/> Employment	<input type="checkbox"/> Professional licensing (specify field: _____)
<input type="checkbox"/> Immigration matters	<input type="checkbox"/> Military service
	<input type="checkbox"/> Other

**NEW DOCUMENTS SUBMITTED – new documents will be added to the existing evaluation**

**For Secondary / High School Level Education:** (CXC, "O"-Levels, BAC, etc.)

Name of School: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Language in which document was issued: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Conclusion: \_\_\_\_\_

Name of Certificate / Diploma Received: \_\_\_\_\_

Date of Certificate / Diploma: (month in words) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ not completed \_\_\_\_\_

**For University Level Studies:** (Associate, Bachelor's, Master's, Doctoral degrees, professional titles or equivalent)

Institution 1: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Language in which document was issued: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Conclusion: \_\_\_\_\_

Certificate/Diploma / Degree Received: \_\_\_\_\_

Date of Certificate / Diploma: (month in words) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ not completed \_\_\_\_\_

Institution 2: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Language in which document was issued: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Conclusion: \_\_\_\_\_

Certificate/Diploma / Degree Received: \_\_\_\_\_

Date of Certificate / Diploma: (month in words) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ not completed \_\_\_\_\_

Institution 3: \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Language in which document was issued: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Conclusion: \_\_\_\_\_

Certificate/Diploma / Degree Received: \_\_\_\_\_

Date of Certificate / Diploma: (month in words) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ not completed \_\_\_\_\_

**NEW SERVICES REQUESTED:**

**(NO FEES RETURNED EXCEPT IN CASES OF OVERPAYMENT)**  
*Note: Payment for full service fee is required for updated evaluations.*

**New Service:**

- \_\_\_\_\_ General Evaluation (\$100.00)
- \_\_\_\_\_ Grade Evaluation (only for secondary level documents) (\$155.00)
- \_\_\_\_\_ Comprehensive Evaluation (\$225.00)
- \_\_\_\_\_ Comprehensive Evaluation for Professional Boards (\$300.00)
- \_\_\_\_\_ Translation - Number of pages to be translated: \_\_\_\_\_ (\$50 per page)
- \_\_\_\_\_ Rush Services (3 to 5 business days): additional 100% of all fees selected above
- \_\_\_\_\_ Extra sealed copy (\$25.00 per copy)
- \_\_\_\_\_ Verification (\$50.00 per institution) This service is required for all academic documents from Haiti, Nigeria and Ghana, or from any country if the institution for which the evaluation is requested requires this service; one fee per institution.

**DELIVERY OF COMPLETED EVALUATION**

*Note: all Evaluations & Translations include 2 copies; 1 for the client and 1 for the institution of the client's choice. A separate mailing fee is required for each address.*

**Mail to CLIENT at address indicated above.** Check here  if you would like **BOTH** copies mailed to you.  
\_\_\_\_\_ Domestic Overnight Courier (in the US only) via FedEx US\$35.00 (P.O. Boxes & APO will be shipped via USPS)  
\_\_\_\_\_ International Courier via FedEx (3 to 5 business days): US\$55.00 for all other countries - Country: \_\_\_\_\_.

**Mail to INSTITUTION at address indicated below**  
\_\_\_\_\_ Domestic Overnight Courier (in the US only) via FedEx US\$35.00 (P.O. Boxes & APO will be shipped via USPS)

**INSTITUTION(S) TO RECEIVE EVALUATION/TRANSLATION:** (if to be mailed by this office, please, **include address**)

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TOTAL FEES** of US\$ \_\_\_\_\_

**Payment Method:** \_\_\_ AES to email me secure payment link (for clients from 2012 to present) **OR** \_\_\_ enclosed check/money order  
For clients from 2011 and prior **ONLY**, meaning you do **NOT** have an online account, you may submit payment securely via PayPal at the following link. <https://www.paypal.me/aestampa>

**PLEASE NOTE:**

**NO FEES RETURNED EXCEPT IN CASES OF OVERPAYMENT OR SERVICES DECLINED BY THIS OFFICE**

No services will be provided until fees paid by personal check are cleared by the bank.  
There will be a \$30.00 additional fee for any check returned for insufficient funds.  
Checks and money orders must be payable to Academic Evaluation Services, Inc.

**GENERAL NOTES:**

Acceptance of services by the individual named on this application authorizes this office to release or obtain information related to documents submitted; only institutions pertinent to said documents are included in this clause.

The individual named on this application grants permission to \_\_\_\_\_ to make inquiries and/or represent him/her as needed in relation to the services requested from this office.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:**  
**ACADEMIC EVALUATION SERVICES, INC.**  
**8875 Hidden River Parkway, Suite 110, Tampa, FL 33637**  
**Contact Info:**  
**Phone: 813-374-2020 Fax: 813-374-2023**  
**info@aes-edu.org**