



For Office Use Only: Client ID: _____

UPDATE APPLICATION

Use this form if you have previously 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. Please contact us with any questions info@aes-edu.org or +1-813-374-2020.

Forms should be emailed to info@aes-edu.org (preferred) 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.

REQUIRED: 1) PERSONAL DATA:

Name (on evaluation): _____
(Family name / Last name) (Given name / First name) (Middle name/s)

Date of Original Evaluation: (month) _____ (day) _____ (year) _____

REQUIRED: 2) CURRENT ADDRESS:

Address: _____
City: _____ State: _____ ZIP: _____ E-mail: _____
Home phone: _____ Mobile phone: _____ Work phone: _____

REQUIRED: 3) UPDATE REQUESTED FOR (Purpose):

____ Study in the U.S. ____ Teaching (teacher / substitute / aide / assistant)
____ Employment ____ Professional licensing (specify field: _____)
____ Immigration matters ____ Military service Other _____

4) NEW DOCUMENTS SUBMITTED – list only new documents; any new documents will be added to the previous evaluation.

Refer to our latest [Documentation Requirements](#).

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 _____

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REQUIRED: 5) INDICATE NEW SERVICES REQUESTED - A new service fee is required for an updated evaluation. See the weblinks below for more details on each service.

Choose ONE Evaluation Service

General Evaluation (\$100)

Grade Evaluation (only for secondary level documents) (\$155)

Comprehensive Evaluation (\$225)

Comprehensive Evaluation for Professional Boards (\$300)

Additional Services – select if required

Translation Services - Number of pages to be translated: _____ (\$50 per page)

RUSH Services (3 to 5 business days): additional 100% of all fees selected above

Extra official copy (\$35 per copy)

Verification (\$50 per institution)

DELIVERY OF COMPLETED EVALUATION - See [Delivery Options](#)

Client's will receive an "eCopy" sent electronically to the client's email on file. These copies are not official and cannot be printed or edited.

Each evaluation fee also includes ONE OFFICIAL COPY that may be either in paper format and mailed to the client or institution, OR an electronic copy to be emailed to the institution only. A separate delivery fee is required depending on the option selected.

REQUIRED: 6) SELECT ONE OPTION BELOW

A) Email official ELECTRONIC copy to INSTITUTION at email address indicated below

Please ensure your institution will accept electronic evaluations via email and provide a valid institution email address. **This copy will not be sent to the client under any circumstances.** If you require an official copy to yourself, you must select the paper copy option (option C).

____ Add US \$15 E-file copy - Email the official electronic copy directly to an institution. _____

OR

B) Mail official PAPER copy to INSTITUTION at address indicated below – please select this option only if your institution does not accept emailed evaluations.

____ Add US\$40 Domestic Overnight Courier (in the US only) via FedEx (PO Boxes & APO will be shipped via USPS)

Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

OR

C) Mail official PAPER copy to CLIENT at address indicated above in "Personal Data" section

____ Add US\$40 Domestic Overnight Courier (in the US only) via FedEx (PO Boxes & APO will be shipped via USPS)

____ Add US\$60 International Courier via FedEx (3 to 5 business days): for all other countries - Country: _____.

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OPTIONAL: 7) EXTRA COPIES \$35 per copy + delivery fee for each address provided

Email extra official ELECTRONIC copy to INSTITUTION (\$35) at email address indicated below

Please ensure your institution will accept electronic evaluations via email and provide a valid institution email address. **This copy will not be sent to the client under any circumstances.** If you require an official copy to yourself, you must select the paper copy option.

___ Add US\$15 e-file copy - Email the official electronic copy directly to an institution. _____

___ Add US\$15 e-file copy - Email the official electronic copy directly to an institution. _____

Mail extra official PAPER copy to INSTITUTION (\$35) at address indicated below (requires a separate mailing fee for each address)

___ Add US\$40 Domestic Overnight Courier (in the US only) via FedEx (P.O. Boxes & APO will be shipped via USPS)

Institution Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Mail extra official PAPER copy to CLIENT (\$35) at address indicated above in "Personal Data" section

___ Add US\$40 Domestic Overnight Courier (in the US only) via FedEx (P.O. Boxes & APO will be shipped via USPS)

___ Add US\$60 International Courier via FedEx (3 to 5 business days): for all other countries - Country: _____.

Service Fees: US\$ _____ Delivery & Copy Fees: US\$ _____ **TOTAL FEES of US\$ _____**

NO REFUNDS EXCEPT IN CASES OF OVERPAYMENT OR SERVICES DECLINED BY THIS OFFICE

We will email you a link to pay via credit card once your application and documents are received and reviewed.

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TERMS OF SERVICE:

We ask that if you do not agree with any of these terms, please do not apply for services. The terms are as follows:

General

-It is the obligation of the client to confirm with the receiving institution or organization that they accept our evaluations as well as the type of evaluation required.

-It is the obligation of the client to thoroughly read all information at www.aes-edu.org to understand the evaluation process and requirements before applying.

Payment

-All fees paid are non-refundable except in case of overpayment.

-An application fee of \$50 is non-refundable in case this office declines to provide services to the client.

-No services will be provided until all required documents have been received and all required fees have been paid.

Time Frame

-The standard time for completion of services is approximately two to three weeks once all documents have been received and all fees have been paid.

-RUSH services are completed between three to five business days once all documents have been received and all fees have been paid.

-If your file requires verification services, the time frame is dependent on the response time of the verifying institution and no time frame can be estimated by AES. This applies to standard and rush timeframe files.

-Any missing documents must be submitted within a four-week period; this office must be notified if additional time is needed. After three months of no reply, your evaluation may be cancelled.

Fraudulent Documents

-This office reserves the right to investigate and verify any document under suspicion of fraud, alteration or inaccuracies.

-Any documents questioned by this office regarding its authenticity will not be returned to the client under any circumstances.

-This office has the professional obligation to notify NACES members and take legal action in the case of suspected/confirmed/fraudulent/altered/inaccurate documents submitted.

PERMISSION TO SHARE INFORMATION:

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.

If you agree to the above terms of service, please sign your name and date.

Applicant's signature: _____ **Date:** _____

Mailing Address to send original or official documents:
ACADEMIC EVALUATION SERVICES, INC.
8875 Hidden River Parkway, Suite 110, Tampa, FL 33637