

World Academic Research Center, Inc.

Credentials Evaluation and Translation Services

20283 State Road 7, Suite 300

Boca Raton, FL 33498

Tel: (561) 807- 6330 Fax: (561) 807- 6331

E- mail: evaluations@foreigndegrees.com

Web: <http://www.foreigndegrees.com>

APPLICATION FOR ADDITIONAL SERVICES

Note: Please read the instructions carefully and print your answers in block capital (black ink). Please make sure that the necessary documentary evidence is attached to this form and that you have read the terms and conditions on the reverse side of this application form before filling it out.

FEES ARE NON-REFUNDABLE. FEES ARE SUBJECT TO CHANGE ANY TIME WITHOUT NOTICE

** All extra copies of the evaluation reports and translations will be sent by first class mail via the United States Postal Service. You may request for the extra reports be sent via courier such as UPS and FEDEX, you will need to provide a pre-paid air bill or may pay additional fees for WARC to send the extra reports via courier.

CLIENT INFORMATION							<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Service(s) originally provided by WARC:								
1. Last Name:		2. First and Middle Name:						
3. Address:								
4. City:		5. State:		6. Postal Code:		7. Country:		
8. Date of Birth:		9. Country of Birth:		10. Country of Study:				
11. Home Phone:		12. Work Phone:		13. Email:				
14. Fax:		15. Cell/Mobile			16. Other:			

Name and address of agency, employer or educational institution(s) to whom the original evaluation is to be mailed (please ADD \$30.00 additional per institution)	Please list the names and addresses below: (please ADD \$30.00 additional per institution)
	1. _____
	2. _____
	3. _____
	4. _____
	5. _____
	6. _____

COST OF ADDITIONAL SERVICES

\$40.00 <input type="checkbox"/>	Grade Point Average (G.P.A.) Equivalent (required for freshman and graduate admission)
\$40.00 <input type="checkbox"/>	Upper/Lower Division Course Identification (in addition to the course-by-course evaluation)
\$30.00 <input type="checkbox"/> <i>per copy</i>	Extra Copy of Evaluation Report Quantity: _____
\$30.00 <input type="checkbox"/> <i>per copy</i>	Extra Copy of Translation Report Quantity: _____
\$40.00 <input type="checkbox"/>	FEDEX and UPS delivery in U.S.
\$70.00 <input type="checkbox"/>	FEDEX and UPS delivery International
FREE	Translation Fee Estimate

Recognition of Report:

We recommend that applicants contact the agency or institution for which the report is to be used in order to confirm the type of evaluation report that is required and to ensure the recognition of the evaluation report by the agency or institution of their choice.

Certification:

I hereby certify that all the information provided on this application is true, factual and correct. I have read the instructions and the conditions and agree to the terms stated therein. I understand that the evaluation reports prepared by WARC are advisory in nature and not binding to any institution or agency. I release WARC from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation report.

Applicant Signature

Printed Name

Date

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Credit Card Authorization

Please fax or email the completed form to: World Academic Research Center, Inc.

Fax: (561) 807-6331 or Email: info@foreigndegrees.com

World Academic Research Center, Inc. has initiated this process to protect both WARC and its customers against credit card fraud. Please complete the entire form below.

We Accept: Visa, Master Card, Discover and American Express, Debit, Credit

Appropriate payment via credit card: _____ Authorized Amount: _____

Name (as it appears on credit card) _____

Credit Card Number (all digits):

Expiration Date -

Card ID (Last 3 or 4 digits in the back of card)

Visa Master Card Discover American Express Debit Credit

Credit Card Billing Address:

Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder

I, hereby authorize World Academic Research Center, Inc. (WARC) to charge the above Credit/Debit Card for services and/or shipping costs made by me or my company. I understand, if any problem occurs and a new Credit/Debit Card is needed, I will immediately sign a new authorization form with the new card information.

Authorized Signature

Printed Name

Date