

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 FOREIGN EDUCATION EQUIVALENCY AND
PROFESSIONAL WORK EXPERIENCE EQUIVALENCY**

CLIENT INFORMATION Male Female DEGREE SOUGHT: _____

01. Last Name:		02. First and Middle Name:	
03. Name as it appears on the academic documents:			
04. Country of Birth:		05. Country/Countries of Study:	
06. Contact Person		07. Federal Tax I.D or Bar Number:	
<i>Authorized Name</i>		<i>Authorized Signature</i>	
08. Mailing Address:			
09. Email Address:			
10. Telephone:		11. Fax:	
Referral:	How did you find out about WARC?		

CREDENTIAL EVALUATION OF FOREIGN DEGREE

\$80.00 <input type="checkbox"/>	DEGREE Equivalency – 5-business day service (STANDARD)
\$120.00 <input type="checkbox"/>	DEGREE Equivalency– 48-hour service (RUSH)
\$150.00 <input type="checkbox"/>	DEGREE Equivalency – 24-hour service (RUSH)
\$200.00 <input type="checkbox"/>	DEGREE Equivalency – Same-day service (RUSH)

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>

PROFESSIONAL WORK EXPERIENCE EVALUATION	
\$250.00 <input type="checkbox"/>	Professional Work Experience Evaluation– 5-business day service (STANDARD)
\$300.00 <input type="checkbox"/>	Professional Work Experience Evaluation – 48-hour service (RUSH)
\$400.00 <input type="checkbox"/>	Professional Work Experience Evaluation – 24-hour service (RUSH)
\$500.00 <input type="checkbox"/>	Professional Work Experience Evaluation – Same-day service (RUSH)
POSITION EVALUATION (SPECIALTY OCCUPATION)	
\$300.00 <input type="checkbox"/>	Position Evaluation (specialty occupation) – 5-business day service (STANDARD)
\$400.00 <input type="checkbox"/>	Position Evaluation (specialty occupation) – 48-hour service (RUSH)
\$500.00 <input type="checkbox"/>	Position Evaluation (specialty occupation) – 24-hour service (RUSH)
\$600.00 <input type="checkbox"/>	Position Evaluation (specialty occupation) – Same-day service (RUSH)
EXTRAORDINARY ABILITY EVALUATION	
\$300.00 <input type="checkbox"/>	Extraordinary Ability Evaluation – 5-business day service (STANDARD)
\$400.00 <input type="checkbox"/>	Extraordinary Ability Evaluation – 48-hour service (RUSH)
\$500.00 <input type="checkbox"/>	Extraordinary Ability Evaluation – 24-hour service (RUSH)
\$600.00 <input type="checkbox"/>	Extraordinary Ability Evaluation – Same-day service (RUSH)
MAILING OPTION	
	<input type="checkbox"/> Fax and Regular mail
	<input type="checkbox"/> Other (USPS, FEDEX, UPS, etc.) (Please, specify: _____) Please send a pre-paid envelope, your account information or add \$40.00 for overnight fee.

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>

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

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