

**Fikrat Consulting Incorporated
 Credential Evaluation and Translation Services**



P.O. Box 891
 Wheeling, Illinois 60090
www.fikratconsulting.com

Tel: (847) 495-0255
 Fax: (847) 984-1295
 E-mail: info@fikratconsulting.com

APPLICATION FORM

1. Personal Information:

Full Name: _____
 Last Name First Name Middle Name

Other Names: _____
 (Including Maiden Names or other names used on the documents submitted)

Date of Birth: ____/____/____
 MM/ DD / YYYY

Male: _____ Female: _____

Mailing Address: _____
 Number and Street

 City State Zip

Telephone: _____

Fax: _____

E-mail: _____

2. Educational History:

Please list all educational institutions you attended starting with the secondary school. Please specify what major credentials need to be evaluated. (Include additional sheets if needed)

| <u>Name of the Institution</u> | <u>Location</u> | <u>Dates</u> | <u>Degree , Certificate, Diploma obtained</u> |
|--------------------------------|-----------------|--------------|---|
| | | | |
| | | | |
| | | | |

Please submit clear copies of the original documents either via fax or e-mail.

Fikrat Consulting Incorporated Credential Evaluation and Translation Services



P.O. Box 891
Wheeling, Illinois 60090
www.fikratconsulting.com

Tel: (847) 495-0255
Fax: (847) 984-1295
E-mail: info@fikratconsulting.com

3. Products and Services: (Please circle and initial)

Credential Evaluation Services:

| Type of Credential Evaluation Report | Price |
|--|--------------|
| High School Diploma Credential Evaluation | \$150 |
| General Comparability Credential Evaluation Report: Certificate, Associate, Bachelor's, Master's, PhD | \$150 |
| Course-by-Course Credential Evaluation Report: Certificate, Associate, Bachelor's, Master, PhD | \$250 |
| Evaluation of Education and Work Experience | \$350 |

Additional Services:

| | Price |
|--|--------------|
| Every other Diploma/Certificate General Comparability Credential Evaluation Report: Certificate, Associate, Bachelor's Master's PhD | \$50 |
| Every other Diploma/Certificate Course-by-Course Credential Evaluation Report: Certificate, Associate, Bachelor's, Masters, PhD | \$100 |
| 1-Day Rush Processing | \$75 |
| Next Day Air Express Delivery | \$40 |
| Extra Copy of the Evaluation Report | \$30 |



Fikrat Consulting Incorporated Credential Evaluation and Translation Services

P.O. Box 891
Wheeling, Illinois 60090
www.fikratconsulting.com

Tel: (847) 495-0255
Fax: (847) 984-1295
E-mail: info@fikratconsulting.com

4. Credit Card Information:

I authorize *Fikrat Consulting, Inc. Credential Evaluation and Translation Services* to charge my card in the amount of: \$ _____

Visa: MasterCard: Discover: American Express:

Credit Card Number: _____

Expiration Date: _____

Security Code: _____
Last 3 digits on the back of the card

Signature of Cardholder: _____

The signature authorizes *Fikrat Consulting Incorporated* to charge the amount for the services requested in U.S. dollars and the cardholder agrees to the terms and conditions of this application.

5. Certification:

I certify that all of the information provided on this application form is true and correct to the best of my knowledge. I certify that I have read all the information provided on this application form and I agree with all the terms and conditions. I understand that evaluation reports prepared by Fikrat Consulting, Inc. are advisory, and are not binding on any institution, organization, or agency which may use them. I release Fikrat Consulting, Inc. from any liability for damages resulting from the use of an evaluation report by me or any third party. I release Fikrat Consulting, Inc. from any liability for damage to or loss of any documents submitted. I understand that the information provided by Fikrat Consulting, Inc on the application and instructions is subject to change without notice. I understand that if false information or forged, altered, or falsified documents are submitted to Fikrat Consulting, Inc. at any time, no evaluation report will be prepared, no refund will be made, the designees for copies of the report will be notified, and the information will be shared with academic institutions, government agencies, professional organizations and other evaluation services. This application creates a contract between Fikrat Consulting, Inc. and the person who has signed the application. If the signer is not the person whose educational credentials are being submitted for evaluation, the act of signing certifies that the signer is acting on behalf of the person whose educational credentials are involved, and has the authority to do so.

Signature: _____

Date: _____

Please Print Your Name _____