



**ACADEMIC CREDENTIALS
EVALUATION INSTITUTE, INC.**
P.O. Box 6908 Beverly Hills, CA 90212, USA

FOR ACEI USE ONLY

DATE: _____ REF# _____
 10-Day Rush FEES: \$ _____

APPLICATION FORM FOR EXPERIENTIAL LEARNING EVALUATION

APPLICATION MAILING INSTRUCTIONS:

You have a choice of one of 2 addresses to mail your application and documents to ACEI.

Option #1. For First Class, Certified, Registered, Air Mail, USPS Priority/Express Mail, please mail to:
ACEI, P.O. Box 6908, Beverly Hills, CA 90212, USA.

Option #2: For courier/overnight mail (e.g. FedEx, DHL, TNT, UPS), please mail to:
ACEI, Box 188, 9461 Charleville Boulevard, Beverly Hills, CA 90212, USA.

NOTE: ACEI does not have a walk-in service. ALL applications and documents must be mailed to one of the 2 addresses shown above.

DO NOT FAX DOCUMENTS. DO NOT EMAIL DOCUMENTS.

Before completing this form, make sure that you have read the information in [EXPERIENTIAL EVALUATION](#). This form allows you to click on each field, type in the requested information, and then print out the completed form or, you can print and complete this form and return it together with your fee(s) to ACEI.

Please complete **ALL** sections of the application form and sign it. Be sure to enclose **ALL** required documentation and fees. Failure to provide complete information will delay the application process.

PLEASE PRINT OR TYPE CLEARLY & LEGIBLY!

SECTION A. PERSONAL INFORMATION

A1. Name: _____ Male Female
(Last/Family Name) (First/Given Name) (Second/Middle Name)

A2. Mailing Address: _____
(Number) (Street) (Apt./Flat/Suite #)

(City) (State) (Zip/Postal Code) (Country)

A3. Telephone: (____) _____ (____) _____ **Cell/Mobile:** (____) _____
(Day) (Evening)

A4. Email: _____ **FAX#:** (____) _____

A5. Date of Birth ____ / ____ / ____ **Country of Birth:** _____
(Month) (Day) (Year)

A6. Have you previously used the services of ACEI? NO YES – If yes, when? Date: _____ **ACEI Ref.#:** _____

A7. How did you learn about ACEI? (check appropriate boxes)

- School/College/University (pls. specify): _____
- Attorney (pls. specify): _____
- Friend Recruiter (Military) _____ Internet Advertisement (pls. specify) _____
- Other (please specify) _____

SECTION B. ACADEMIC HISTORY/BACKGROUND

List **ALL** educational institutions (elementary/primary school, college, university) you have attended and now attending Use separate sheet if necessary and attach to this form. This section **MUST** be completed.

Name of Institution(s)	Location (City & Country)	Entered (Month/Year)	Departed (Month/Year)	Name of any Certificate/Diploma/Degree (if earned/awarded)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C. PURPOSE FOR EVALUATION (check appropriate boxes)

- Education – For Admission to:
 Employment
 Immigration
 Military
 Other _____
- University
- Other _____

SECTION D. EVALUATION MAILING INSTRUCTIONS

Please check (one):

Select Type of Mailing

- Mail the OFFICIAL and DUPLICATE COPY of evaluation to the address in **Section A. A2.**
- Mail the OFFICIAL evaluation to the address(es) shown below (and the applicant DUPLICATE COPY to address in Section A. A2.) (If you list more than one address, see **Section E for extra charges**) (NOTE: Evaluation reports are NOT emailed to applicant, only to third party, e.g. school/college/university/employer/licensing board.)

- 1st Class Priority
 Air Mail Courier/
 Overnight
 1st Class Priority
 Air Mail Courier/
 E-mail Overnight

1. Name _____	2. Name _____
Title/Company/Institution: _____	Title/Company/Institution: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone: () _____	Telephone: () _____
E-mail: _____	E-mail: _____

NOTE: If you are requesting Express/Overnight/Courier Mail Delivery, please provide a street address (no P.O. Boxes), as well as a phone #.

SECTION E. SERVICES & FEES

NOTE: The fee for the evaluation report provides you with ONE (1) OFFICIAL REPORT and ONE (1) DUPLICATE (APPLICANT) COPY. Please check with the institution or agency for which the evaluation is intended to ensure that an Experiential Learning Evaluation is accepted. If you need additional OFFICIAL REPORTS, please specify the number needed in Section E2 below.

Experiential Learning Evaluation Fee: **\$600.00**

E1. EXTRA OFFICIAL REPORTS (Optional)

If you need extra OFFICIAL reports of the evaluation, please indicate below:

Specify # of extra reports _____ x \$ 30.00 \$ _____

E2. RUSH SERVICES (Optional)

If you need to have the evaluation completed in less than the standard 20 business days, please select one of the following RUSH services for expedited processing: (NOTE: Fee for RUSH service evaluations must be paid by money order/cashier's check/credit card only.) Please select one service:

Ten (10) Business Day Rush \$200.00 \$ _____

E3. MAILING/SHIPPING/HANDLING DELIVERY (REQUIRED)

The evaluation fee does **NOT** include the mailing and shipping fees of the reports. Please check as many as applicable:

	<u>Specify # of mailings/addresses</u>	<u>Enter Amount</u>
<input type="checkbox"/> First Class (domestic/US only)	_____ x \$ 5.00	\$ _____
<input type="checkbox"/> Air Mail (overseas/international)	_____ x \$10.00	\$ _____
<input type="checkbox"/> Priority Mail (domestic/US only)	_____ x \$12.00	\$ _____
<input type="checkbox"/> Courier/Express (domestic/US only)	_____ x \$40.00	\$ _____
<input type="checkbox"/> Courier/Express (overseas/international only)	_____ x \$70.00	\$ _____
<input type="checkbox"/> E-mail (OFFICIAL evaluation, only to 3 rd party)	_____ x \$ 5.00	\$ _____
<input type="checkbox"/> Facsimile (FAX) (Copy of evaluation, only to 3 rd party)	_____ x \$10.00	\$ _____

TOTAL FEES: \$ _____

SECTION F. PAYMENT

Select Method of Payment:

- Cashier's Check Money Order
 Debit Card (Visa/MasterCard) American Express Discover MasterCard Visa

NOTE: Cashier's Checks and Money Orders must be drawn in US dollars and on a US bank payable to A.C.E.I.
Overseas/International payments must be in U.S. dollars and drawn on a United States bank (**NO PERSONAL CHECKS**)

Credit Card Payments [NOTE: All credit card payments will be assessed a flat fee of \$3.95 per transaction.]

If you wish to pay by credit card, please complete the following:

Card Number: _____ Expiration Date: _____ / _____
Mo. Yr.

3 Digit Code/CVV5 [see back of Card] Visa/Master Card/Discover: _____

4 Digit Code [see front of Card] American Express: _____

Billing Address of Credit Card: _____
(Street/P.O. Box) Apt./Suite/Flat #

(City) (State/Province) (Country) (Zip/Postal Code)

Card Holders Name (please print): _____

I hereby authorize the Academic Credentials Evaluation Institute, Inc. (ACEI) to utilize my credit card for the detailed billing as noted on the ACEI application for EXPERIENTIAL LEARNING EVALUATION.

Signature: _____ Date: _____

SECTION G. TERMS & CONDITIONS

Please read the ACEI Terms and Conditions for service before signing and submitting this application.

- 1 **Altered or Fraudulent Documents** – An evaluation will not be prepared and fees will not be refunded in the event ACEI determines that the educational & supporting credentials submitted for evaluation have in any way been altered, tampered or forged. The institution or agency for which the evaluation is intended, U.S. government agencies, and other evaluation services will be notified.
- 2 **Equivalency Recommendations & Guarantees** – The U.S. educational equivalencies recommended in ACEI evaluation reports are in accordance with established guidelines and represent the considered judgments of qualified evaluators. ACEI evaluation reports are advisory and not binding on any institution, agency or third party. ACEI does not guarantee that an applicant, agency, or any third party will agree with its educational equivalency recommendations and assumes no responsibility for judgments or opinions made by an applicant, agency, or by any third party which disagrees with its educational equivalency recommendations. In the event of any disputes between the applicant and ACEI, such disputes shall be governed by California law and shall be subject to the jurisdiction of the Los Angeles County Court.
- 3 **Evaluation Results** – ACEI will not release the results of an evaluation on the telephone or by facsimile (FAX) to the applicant. As indicated in Section E, the fee for the evaluation covers one official report and one duplicate copy. If you do not authorize the release of the official report to an institution, agency or third party, ACEI will send you the official report in a sealed envelope which should be opened by the institution, agency or third party for which the evaluation is intended.
- 4 **Evaluation Review** – After the evaluation has been completed, any questions regarding the evaluation report, based on the documents provided with the initial application, must be submitted in writing to ACEI within the first two (2) months of the completion date. After the two (2) months grace period, the file will be closed and archived for three (3) years and reopened only for requests concerning extra official reports. After the two (2) months grace period, the file will be closed and archived for three (3) years and reopened only for requests concerning extra official evaluation reports.
- 5 **Re-Activation** – If an applicant fails to provide all required documentation with the application within two (2) months of the date the application was received, the application will be inactivated. A \$50.00 re-activation fee is required to process an inactivated file.
- 6 **Re-Evaluations** – Re-evaluations of credentials not submitted with the initial application request are treated as new evaluations and full payment of the evaluation report is required.
- 7 **Refunds** – Do not submit an application with insufficient documentation, as fees are non-refundable once an application for credential evaluation has been filed and a case file has been opened.
- 8 **Insufficient Documentation** – ACEI will contact the applicant or agent representing the applicant if additional information, documents, or fees are needed. The application will be kept in pending status until all documentation has been received.
- 9 **Verification of Educational/Academic & Supporting Documents** – ACEI reserves the right to verify documents submitted for evaluation with issuing institution(s).
- 10 **Evaluation Expiration** – Effective January 1, 2011, any evaluation prepared on that date and thereafter is valid for a period of three (3) years from the day it was completed. Requests for extra official reports of an evaluation that is more than 3 years old are subject to a new application and submission of credentials with fees for a new evaluation.
- 11 **Cancellation** – No refund will be made when an application is cancelled after the application form for evaluation has been submitted and a case file has been opened.

SECTION H. CERTIFICATION BY APPLICATION/AGENCY REPRESENTING APPLICANT

- H1. I certify that, to the best of my knowledge, all the information provided in this form is true, complete and correct.
- H2. I certify that I have read the information provided and requirements listed in the EXPERIENTIAL LEARNING EVALUATION section of this website.
- H3. I certify that I have read the TERMS & CONDITIONS of Academic Evaluation as posted above in Section G and in the EXPERIENTIAL LEARNING EVALUATION section of this website.
- H4. I understand that the evaluation prepared by ACEI is advisory and not binding upon any individual, institution or agency that issues it and release ACEI from any liability for damages resulting from the use of the evaluation report.
- H5. I understand that once this application is submitted, there are no cancellations and fees are non-refundable.

(Name, Printed)

(Signature)

(Date)

NOTE: To avoid any delays in the processing of your evaluation, the application must be completed in full, signed and dated. Thank you.

January 1, 2011