5. Please note: a Syllabus of university studies (description of each course or subject studied) may be required for Course-by-Course Evaluations, but you do not need to send this with your application. If it is needed, JS&A will request it.

4. TRANSLATIONS: Documents in a language other than English must be accompanied by professional, certified English translations. Translations supplement, but do not replace the original documents. JS&A offers professional certified translations. JS&A is a Corporate Member of the American Translators Association. For further information on the JS&A Translation Service, call 305-273-1616 or e-mail or fax your request for translation estimate along with all pertinent documents.

E-mail: translation@jsilny.org Translation fax: 305-273-1984.

5. Please note: a Syllabus of university studies (description of each course or subject studied) may be required for Course-by-Course Evaluations, but you do not need to send this with your application. If it is needed, JS&A will request it.

Processing Information: Josef Silny & Associates, Inc. reserves the right to request that transcripts or examination results be sent directly by the issuing institutions or examination boards to JS&A. Academic credentials received directly from foreign institutions are considered confidential and cannot be given to applicants. The documents you submit with your application, with the exception of any originals, will become the property of Josef Silny & Associates, Inc. and they will not be returned. Applicants must submit self-addressed and stamped envelopes for the return of their original academic credentials, or pay for delivery by secure means. Applicants must submit pre-addressed labels or envelopes for mailing of evaluation reports to any location other than the applicant’s address. When it has been determined that documents submitted for evaluation or translation were forged or altered in any way, no evaluation report or translation will be prepared and the fees will not be refunded. Fraudulent documents will not be returned to the applicant. All recipients indicated on the application form will be notified. It is the applicant’s responsibility to submit the documents which need to be evaluated. If the application is not completed within three months, JS&A will close the file. A new evaluation fee will be required for updating the file. JS&A will keep applications with academic credentials for one year only. Please note that all fees are subject to change without notice. Refusal of service: JSA reserves the right to refuse service to anyone. In preparing an evaluation report, every effort is made to consult appropriate resources, in order to provide the most accurate evaluation possible. JS&A will provide a list of the references used in making the specific evaluation upon written request.
TYPES OF EVALUATIONS

FRESHMEN APPLICANTS (First-Year)
Must request the high school Course-by-Course evaluation and calculation of high school grade point average. An official original transcript of grades 9 through 12 and high school diploma must be submitted. Students who are applying but have not graduated yet must submit a transcript of the study completed so far starting with grade 9. Students who sit for external examination, such as Baccalaureate, GCSE, CXC, WASC, etc. must submit official original results of these examinations.

TRANSFER APPLICANTS
Students who completed university study must submit an official original transcript with courses, credits or hours of instruction and grades for the post-secondary/university Course-by-Course evaluation and calculation of undergraduate grade point average. Transfer applicants who completed less than one year of university study must also request the high school Course-by-Course Evaluation and the high school grade point average.

It is the responsibility of applicants to request the type of evaluation and additional services they need.

PROCESSING TIME
1. Standard Processing Time: Evaluations are normally prepared in ten working days from the receipt of all required fees, information and documentation. Evaluations which require extensive research and correspondence may take longer to prepare.
2. Rush Evaluation Reports
   a) 24-Hour Evaluation Report
   b) 2-Day Evaluation Report
   c) 5-Day Evaluation Report

Rush evaluation reports will be completed in a timely fashion, in accordance with the type of rush evaluation report requested, upon receipt of all required fees, information and documentation. If, for any reason, the evaluation report cannot be completed within the specified time after receipt of all required fees, information and documentation, the rush fee will be refunded and the evaluation will be completed as quickly as possible. The rush fee will be adjusted to reflect the actual processing time and a refund of the difference will be issued. Rush evaluation reports must be paid for by bank check, money order or credit card.

COST OF EVALUATIONS
1. High School Course-by-Course - U.S. $150
2. University and Post-Secondary Course-by-Course - U.S. $150 (For transfer admission).
3. 24-Hour Evaluation - U.S. $150 in addition to the basic fee.
4. 2-Day Evaluation - U.S. $100 in addition to the basic fee.
5. 5-Day Evaluation Report - U.S. $50 in addition to the basic fee.
6. Grade Point Average Equivalent - U.S. $40 in addition to the basic fee. (U.S. $40 for each level of education).
7. Re-evaluation - Re-evaluations based on documents not submitted with the original request are considered new evaluations and a second payment of the basic fee of U.S. $190 is required. When an applicant requests that a Document-by-Document evaluation be changed to a Course-by-Course evaluation, the charge is U.S. $150.
8. Extra evaluation reports - Additional original evaluation reports requested at the time of evaluation cost $20 each. Each evaluation report requested after the evaluation has been completed costs $30 (evaluations may be available only within 3 years of the original date of issuance). Please add $5 to the cost of each report that you wish to be mailed to you in a specially sealed JS&A envelope. Applicants must submit pre-addressed labels or envelopes for mailing of evaluation reports to any location other than the applicant’s address.
9. Return of original documents by secure means:
   Within the United States: - By certified mail: US $15 per address
   - By courier: US $40 per address
   Outside of the United States: - International courier: US $80 per address
   JS&A accepts no liability for loss or damage of academic credentials during mailing.
10. The applicants are responsible for any verification fees charged by their universities.

INFORMATION ABOUT EVALUATIONS
Method of Operation - To keep the cost of evaluations as low as possible, the evaluation service is conducted by mail. If there are questions concerning an application, Josef Silny & Associates, Inc. will e-mail, write, or telephone the applicant. If the applicant requests a personal interview, the charge will be U.S. $60 per half hour. Interviews are by appointment only.
Reassessment of Education Systems - Evaluations are based upon the best information and resources currently available to foreign credential evaluators in the United States. Josef Silny & Associates, Inc. reserves the right to reassess educational systems as new and additional information becomes available.
Satisfaction with Evaluations - JS&A guarantees that all evaluations are prepared by highly qualified evaluators, but it cannot guarantee that the applicant will agree with the evaluation. Any questions or concerns about evaluations must be submitted in writing within one year from the completion date.
PERSONAL INFORMATION

If you have a U.S. Social Security Number, please list it: / / Gender: Male Female

CUNY Application Control # if known

Please use your name exactly as it appears on your passport.

Full name: ___________________________ ___________________________ ___________________________

Last name                  First name               Middle name    Maiden name

Address: ___________________________ ___________________________ ___________________________

Street Address         Apartment Number

City   State   Country (if not US)   Zip Code

Date of birth: ___________________________ Country of citizenship: ___________________________

Country of birth: ___________________________

Telephone: ___________________________ Fax: ___________________________ E-mail: ___________________________

Type of Professional Service Requested:

Basic Fees

☐ High School Course-by-Course +GPA (US $190 basic fee)

☐ Post-Secondary/University Course-by-Course + GPA (US $190 basic fee)

Rush Fees

☐ 24-Hour Evaluation (US $150 + basic fee)

☐ 2-Day Evaluation (US $100 + basic fee)

☐ 5-Day Evaluation (US $50 + basic fee)

Have you used JS&A services previously? Translation: No:   Yes:   Date: __________

Evaluation: No:   Yes:   Date: __________

ONE EVALUATION REPORT WILL BE SENT ELECTRONICALLY TO THE CITY UNIVERSITY OF NEW YORK.

ACADEMIC HISTORY

Educational Institutions Attended (You must list all educational institutions you have attended. Begin with the first year of elementary school and include any school you are now attending.)

Name of Institution | City, Country | Attendance From - To | Diplomas or Certificates | Year of Graduation

1. ___________________________ ___________________________ ___________________________ ___________________________ 

2. ___________________________ ___________________________ ___________________________ ___________________________ 

3. ___________________________ ___________________________ ___________________________ ___________________________ 

4. ___________________________ ___________________________ ___________________________ ___________________________ 

5. ___________________________ ___________________________ ___________________________ ___________________________ 

6. ___________________________ ___________________________ ___________________________ ___________________________ 

7. ___________________________ ___________________________ ___________________________ ___________________________ 

I certify that all information provided in this application is complete, factually accurate, and honestly presented. I certify that I have read the instructions and conditions (including that all fees are (non-refundable) and agree to the terms stated therein. I understand that the evaluation is advisory and is not binding upon any agency or institution that uses it. I release Josef Silny & Associates, Inc. from any liability for damages resulting from the use to which I or any agency or institution puts the evaluation. Any litigation arising out of this agreement will have its venue in Miami-Dade County, Florida. The prevailing party in any litigation arising out of this agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

Signature of the applicant: ___________________________ Date: __________
ORGANIZATIONS WHICH ACCEPT EVALUATIONS DONE BY JS&A

JS&A is a Member of the National Association of Credential Evaluation Services, Inc. (NACES). Evaluations prepared by JS&A are accepted and recognized by the organizations listed below:

1. **U.S. Federal Government**
   - The United States Citizenship and Immigration Services
   - The United States Department of Agriculture
   - The United States Department of Defense
   - The United States Labor Department
   - The United States Office of Personnel Management
   - Federal Bureau of Prisons
   - Health Care Financing Administration

2. **U.S. Armed Forces**
   - Air Force
   - Army
   - Marines

3. **Licensing Boards**
   - **Accounting:** Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Guam, Indiana, Kentucky, Michigan, Missouri, Nebraska, Nevada, New Mexico, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Virginia, Wisconsin, Wyoming
   - **Architecture:** North Carolina, Tennessee, Utah, Vermont
   - **Barbers:** Florida, South Dakota
   - **Cosmetology:** Alaska, California
   - **Engineering:** Alaska, Florida, Louisiana, Maryland, New Jersey, Puerto Rico, Texas, Virginia
   - **Law:** California, Florida, Texas
   - **Marriage and Family Therapy, Mental Health:** Florida
   - **Medical Laboratory:** American Medical Technologists, American Society of Clinical Pathologists, Health Care Financing Administration, Connecticut, Florida, Georgia, Nevada, Tennessee
   - **Midwifery:** Florida
   - **Nursing:** Arizona, Florida, Missouri, Nebraska, New Hampshire, New Mexico, Oregon
   - **Opticianry:** Florida
   - **Psychology:** Delaware, District of Columbia, Florida, Maryland, Oregon, Virginia
   - **Respiratory Care:** National Board for Respiratory Care, California, Florida
   - **Speech-Language Pathology and Audiology:** American Speech-Language-Hearing Association, Florida, Georgia

4. **State Departments of Education**

5. **Other Governmental and Private Agencies**
   - American Association for Clinical Chemistry
   - Association of Colleges of Osteopathic Medicine
   - American Association of Colleges of Podiatric Medicine
   - Association of American Veterinary Medical Colleges
   - Broward County Sheriff’s Office
   - CASPA - Central Application Service for Physician Assistants
   - Florida Department of Health and Rehabilitative Services
   - NCAA
   - Office of Personnel of: City of Miami, Ft. Lauderdale, Miami Beach, New York City, State of New York.

6. **Hundreds of Colleges and Universities**
   
   Many other organizations which do not appear on this list may also accept evaluations done by JS&A. Applicants are advised to check with the agency, institution, or organization to which they intend to submit the evaluation to make certain that the evaluation will be recognized.
CREDIT CARD INFORMATION

You must include the credit card holder’s copies of the front and back of the credit card and U.S. Driver’s License OR Foreign Passport.

Name of Cardholder:
As it appears on the credit card __________________________________________
First    Middle    Last

E-mail address: __________________________________________ Phone No.: ______(______)__________
area code    phone

Name of Applicant:
If different from the cardholder __________________________________________
First    Middle    Last

Billing Address:
Number    Number    Street    Apt #
________________________________________
City    State    Zip/Postal code    Country

I authorize Josef Silny & Associates, Inc. to charge my (check one):

☐ VISA     ☐ MASTER CARD     ☐ DISCOVER

in the total amount of $________________________ (total amount must be filled in order to process your order).

CREDIT CARD NUMBER: ________________________________

3-digit security code on back of card: ________________________________

Expiration Date (month/year): __________/____________

Signature of Cardholder (Required): ___________________________ Date: __________

This signature authorizes Josef Silny & Associates, Inc. (JS&A) to charge the amount for the requested services in U.S. dollars and the cardholder agrees to be bound by all Terms and Conditions (including that all fees are non-refundable) as stated in the JS&A application.