

JS&A Corporate Application

Date of Request: _____

Contact Name: _____

Purpose: Faculty

Address: _____

Phone/Fax: _____

E-mail address: _____

E-mail evaluation? Y/N _____

Applicant's name: _____ **MALE/FEMALE**
(Last) (First) (Maiden/Middle)

Date of Birth _____ **S.S.#:** _____ **Country of Education:** _____

***TRANSLATION SERVICE – (PLEASE CHECK ONE):**

(Is **required** if documents are NOT in English – estimate provided upon review of docs)

5-day translation _____ 3-day translation _____ 24-hr. translation _____ Fee:\$ _____

***EVALUATION SERVICE – (PLEASE CHECK LEVEL AND SERVICE):**

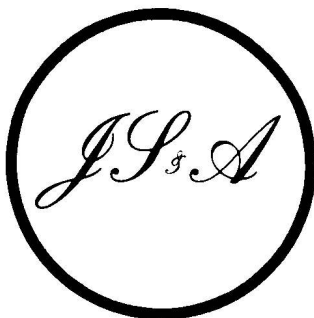
- Standard high school document-by-document (\$80.00) _____
- Standard post-secondary document-by-document (\$80.00) _____
- 5-day high school document-by-document (\$130.00) _____
- 5-day post-secondary document-by-document (\$130.00) _____
- 2-day high school document-by-document (\$180.00) _____
- 2-day post-secondary document-by-document (\$180.00) _____
- 24-hr. high school document-by-document (\$230.00) _____
- 24-hr. post-secondary document-by-document (\$230.00) _____
- Same-day document-by-document (must be requested by 11 a.m./\$280.00) _____

OR

- Standard high school course-by-course (\$140.00) _____
- Standard post-secondary course-by-course (\$140.00) _____
- Rush (5-day) high school course-by-course (\$190.00) _____
- Rush (5-day) post-secondary course-by-course (\$190.00) _____
- 2-day high school course-by-course (\$240.00) _____
- 2-day post-secondary course-by-course (\$240.00) _____
- 24-hr. high school course-by-course (\$290.00) _____
- 24-hr. post-secondary course-by-course (\$290.00) _____
- Same-day course-by-course (must be requested by 11 a.m./\$340.00) _____

Additional services: (Please note if requesting rush on an additional service ONLY):

Josef Silny & Associates, Inc.
International Education Consultants
7101 SW 102 Avenue
Miami, Florida 33173
Tel: (305) 273-1616 Fax: (305) 273-1338
E-Mail: info@jsilny.com
www.jsilny.com



- High School grade point average (\$40) _____
- Undergraduate level grade point average (\$40) ____/Graduate grade point average (\$40)____
- Upper Division Identification (\$30) _____
- High School Foreign Language Identification (\$30) _____
- Addt'l. translation/evaluation reports (\$20) ____/After evaluation completion (\$30)_____

YOU MUST SUBMIT THIS SIGNED APPLICATION, NON-REFUNDABLE SERVICE FEES AND ACADEMIC CREDENTIALS.

ALL EVALUATION AND TRANSLATION FEES ARE NON-REFUNDABLE REGARDLESS IF THE CLIENT IS NOT IN AGREEMENT WITH THE PROFESSIONAL OPINION OF JOSEF SILNY & ASSOCIATES, INC.

I CERTIFY THAT I HAVE READ THE INSTRUCTIONS AND CONDITIONS AND AGREE TO THE TERMS STATED THEREIN. I UNDERSTAND 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.

Please note that services are rendered in business days. Weekends and national holidays excluded.

All invoices must be paid within 30 days from date of issuance.

Name & Signature: _____
 (Corporate representative) **NAME** **SIGNATURE**

Remit Invoice to: _____
 (Name and Email address/fax number)

Invoice authorized by: _____
 (Name and Email address/fax number)

Please submit to the Department of Corporate Relations
 Fax: 305.273.1338
 corporate@jsilny.com

All other inquiries, please contact, Director of Corporate Relations at (305) 273-1510.

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