ADEN University



Student Evaluation Request Form

Applicant Information				
Full Name:	First		Date:	
Last	FI	irst	M.I.	
Male Female	Date of Birth:/ Month		Country of Study:	
Telephone:	Email:	:		
Mailing Address:				
(number)	(street)		(apt. #)	
(city & state)	(zip or	r postal code)	(country)	
Educational History: Please list all educational institutions you attended or are attending.				
Name of Institution	Location (city, country)	Dates of attendance From To	Name of Certificate, Diploma, or Title received (in native language)	
Internal Evaluation Report for Admission				
Report Type: Course-b	y-Course (\$160)			
RUSH Services: 3 Busine	ess Day (\$100) 24 Hou	ır/ 1 Business Day (\$20	0)	
Priority Mail (\$15) International Courier (\$65)				

Comments

Certification

Internal Evaluation Report

I understand that the evaluation report is for admission to ADEN University and will be prepared for internal admissions purposes only. I agree for my evaluation report to be emailed directly to ADEN University.

Terms & Conditions

I understand that the evaluation reports prepared by Educational Perspectives are advisory and are not binding on any institution, organization, or agency, which may use them. I release Educational Perspectives from any liability for damages resulting from the use of an evaluation report by me, or any third party. I agree to reimburse Educational Perspectives for any and all costs, including legal expenses, which may incur as a result of any claim that I (or anyone having any interest in my earnings or services) may make, based on the evaluation determination. I release Educational Perspectives from any liability for damage to or loss of any documents submitted. I understand that the information provided by Educational Perspectives 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 Educational Perspectives at any time, no evaluation report will be prepared, no refund will be given, the designees for copies of the evaluation report will be notified, my documents will not be returned, and the information will be shared with academic institutions, government agencies, professional organizations and other evaluation agencies. I certify that all of the information provided on this application is complete and correct to the best of my knowledge. I certify that I have read all of the information appearing on this application (including the Instructions and Other Information) and that I accept the terms and conditions stated therein, including those regarding payment for services and the policies covering refunds of fees paid for services. This application creates a contract between Educational Perspectives 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 credentials are involved, and has the authority to do so.

Date:	Signature:
Name:	

Submit Request & Required Documents

- Review document requirements for your country of study here at <u>www.edperspective.org</u> You are allowed to submit digital copies of your credentials with this application form. Additional and original documentation may be asked for further verification.
- 2. Send this form with required documents to apply@edperspective.org
- 3. Receive payment link and submit evaluation fee
- 4. Contact info@edperspective or call 312-421-9300 with questions

Billing & Delivery Instructions (For EP Admin)

Email bluepay link to applicant at email address indicated above. Please copy Laura Mendez into the email:

Imendez@adenuniversity.us

Course-by-Course Reports will only be emailed to Admissions Officer, Laura Mendez:

Imendez@adenuniversity.us