



Evaluation Request

Last Name _____ First Name _____ Middle Name _____

Male Female

Date of Birth: Month _____ Day _____ Year _____

Desired Equivalency _____ Purpose _____
(degree, subject) (immigration, education, etc.)

Foreign Degree(s) Obtained _____

(degrees, subject, university, country)

For this candidate, please complete the following evaluation (s):

Standard Evaluations:

- Evaluation of Academic Credentials
- Evaluation of Work Experience and Academic Credentials
(For Computer and Business Related Fields)

Expert Opinion:

- Evaluation of Work Experience and Academic Credentials
(All Other Subjects except Computer and Business Related Fields)
- Evaluation Based Mostly on Work Experience or Work Experience Only
- Evaluation of Specialty Occupation
- Evaluation of Specialty Occupation, Academic Credentials & Work Experience
- Evaluation of Extraordinary Ability
- Other (Please call to discuss)

Comments/Notes

Translation Services:

(If you do not require translation services please leave this section BLANK)

Please Translate: _____

Please Quote First: Yes No

Service:

Standard Next Day Same Day (must be in before 1PM, ET)

Client Information:

Firm/Company/Individual _____ Contact _____

Tel _____ Fax _____ Email _____

Preferred Method for receiving soft copy of evaluations: Email Fax

Address _____

* Please note Morningside will deliver a soft copy of the work completed **either** via fax or e-mail.