



Company Contact
Information



Website Link



**Josef Silny & Associates, Inc.
International Education Consultants**

Tel. (305) 273-1616

Fax. (305) 273-1338/Translation Fax: (305) 273-1984

E-Mail: info@jsilny.org

Web Site: www.jsilny.org

Mail applications to:
7101 SW 102 Avenue
Miami, FL 33173

**Application for Evaluation of Foreign Educational Credentials
For Applicants to Undergraduate Admission to the University of Miami**

APPLICATION PROCEDURES - Please be sure to read the complete information on our website at www.jsilny.org .

PLEASE BE AWARE THAT WE WILL NOT PROCESS YOUR REQUEST FOR ANY SERVICE UNLESS WE RECEIVE YOUR FILLED-OUT AND SIGNED APPLICATION AND CORRESPONDING FEES. JS&A WILL NOT BE RESPONSIBLE FOR DOCUMENTS SENT TO US PRIOR TO THE RECEIPT OF THE FILLED-OUT AND SIGNED APPLICATION AND CORRESPONDING FEES.

In order to receive an evaluation, an applicant must provide the following:

1. A completed Application for Evaluation of Foreign Educational Credentials signed by the applicant.
2. A non-refundable evaluation fee in U.S. dollars. Make the bank check or money order payable to Josef Silny & Associates, Inc. (We cannot accept postal money orders or payments through Western Union). If you are paying by a credit card you must fill out the Credit Card Information form. All evaluation fees, including fees for rush report, 24 hour report, grade point average equivalent, extra copies, and translation are NON-REFUNDABLE.
3. EDUCATIONAL DOCUMENTS:
 - a) Official original Diplomas and Certificates in the original language.
 - b) Official original transcripts in the original language (names of courses, grades, and hours of instruction or credits) for every year of study.

It is the responsibility of applicants to submit the academic credentials which need to be evaluated.
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.

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. 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. 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.

Undergraduate

PERSONAL INFORMATION

If you have the UM Cane ID list it here: C _____

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

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: _____
Month / Day / Year

Telephone: _____ Fax: _____ E-mail: _____
Area code and number Area code and number

Type of Professional Service Requested:

Basic Fees

- High School Course-by-Course +GPA (US \$180 basic fee)
- Post-Secondary/University Course-by-Course + GPA (US \$180 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)

Additional Services

- Extra Evaluation Report (US \$20 per report) How many? _____
- Extra Report in Sealed Envelope (US \$25 per report) How many? _____
- Secure Return of Originals. US \$ _____
- Translation (quote provided upon request) \$ _____
- Other \$ _____

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

ONE EVALUATION REPORT WILL BE SENT ELECTRONICALLY TO UNIVERSITY OF MIAMI.

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: _____



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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.