

Company Contact Information [JS3A]

Website Link



# Josef Silny & Associates, Inc. International Education Consultants

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

Tel. (305) 273-1616 Fax. (305) 273-1338/Translation Fax: (305) 273-1984 E-Mail: info@jsilny.org Web Site: www.jsilny.org

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

Information on Josef Silny and Associates, Inc., International Education Consultants (JS&A)

JS&A is an organization of highly qualified international education consultants. Mr. Silny is recognized nationally and internationally as an expert in the field of foreign credential evaluations and international admissions. He has been the Director of International Admissions at the University of Miami and the City University of New York. He has participated as panelist or workshop director at national professional conferences annually since 1974. He has held numerous committee chairmanships and memberships in national professional organizations and corporations. Mr. Silny has published a book and numerous articles in the field of international education. All international education consultants associated with Mr. Silny are highly qualified in the field of foreign credential evaluations. JS&A is a member of the National Association of Credential Evaluation Services, Inc. (NACES)

### 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 <u>non-refundable</u> 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 <u>NON-REFUNDABLE</u>.
- 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) 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.
- 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

#### **GRADUATE APPLICANTS**

An official original transcript with names of courses, credits or hours of instruction, and grades must be submitted. Students who already graduated must also submit an official original degree. While most Departments require the Document-by-Document evaluation with grade point average, some Departments require the Course-by-Course evaluation with grade point average. It is your responsibility to find out from the Department you are applying to, which evaluation it requires.

#### PROCESSING TIME

- 1. <u>Standard Processing Time</u>: 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. University Course-by-Course with G.P.A. U.S. \$180
- 2. University Document-by-Document with G.P.A. U.S. \$120
- 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. 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 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. \$140.
- 7. 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 <u>only</u> 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. <u>Applicants must submit pre-addressed labels or envelopes for mailing of evaluation reports to any location other than the applicant's address</u>
- 8. 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.

9. The applicants are responsible for any verification fees charged by their universities.

JS&A does not accept courier airbills filled out by applicants.

### INFORMATION ABOUT EVALUATIONS

<u>Method of Operation</u> - 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.

 $\underline{Satisfaction\ with\ Evaluations}\ -\ JS\&A\ guarantees\ that\ all\ evaluations\ are\ prepared\ by\ highly\ qualified\ evaluators,\ but\ it\ cannot\ guarantee\ that\ the\ applicant\ will\ agree\ with\ the\ evaluation.\ Any\ questions\ or\ concerns\ about\ evaluations\ must\ be\ submitted\ in\ writing.$ 

## Graduate

## PERSONAL INFORMATION

| •  |                            |  | <del></del>   |  |  |  |
|--|----------------------------|--|---|--|--|--|
| Which UM Graduate Department are you a   | pplying to:                |  |   |  |  |  |
| If you have a U.S. Social Security Number,   |                            | / /  | Gender:   | Female   |  |  |
| Please use your name exactly as it appear  | s on your passport.        |  |   |  |  |  |
| Full name:   | First name                 |  | le name   | Maiden name  |  |  |
|  | ess:                       |  | Apartment Number  |  |  |  |
| City State  Date of birth:  Month / Day / Year   |                            | Country (if not US)                                | Zip Co<br>Country o   | ode<br>f birth:  |  |  |
| Telephone:  Area code and number   | Fax:                       |  | -mail:  |  |  |  |
| ☐ University Course-by-Course + GPA (U☐ University Document-by-Document + GRush Fees☐ 24-Hour Evaluation (US \$150 + basic fee)☐ 2-Day Evaluation (US \$100 + basic fee)☐ 5-Day Evaluation (US \$50 + basic fee) | PA (US \$120 basic<br>e)   | fee) □ Extra Repo<br>□ Secure Ret<br>□ Translation | ort in Sealed Envelope<br>urn of Originals. US \$<br>n (quote provided upor | O per report) How many?<br>(US \$25 per report) How man<br>S<br>in request) \$ |  |  |
| Have you used JS&A services previously?  |                            | No: Y<br>No: Y                                     |   |  |  |  |
| ONE EVALUATION <u>MUST</u> BE SENT T<br>UM (AT US \$20 PER REPORT):  | TO UM. LIST BEL            | OW THE COMP  | LETE E-MAIL OR  | PHYSICAL ADDRESS FOR   |  |  |
|  | st list all educationa     | Linstitutions vou ha                               | ave attended. Regin w   | ith the first year of elementary   |  |  |
| Educational Institutions Attended (You mu  | attending.)                | ·  | -   | Voor of  |  |  |
| Educational Institutions Attended (You mu  |                            | l institutions you ha<br>Attendance<br>From - To   | ave attended. Begin wi  | Voor of  |  |  |
| Educational Institutions Attended (You muschool and include any school you are now  Name of Institution  | attending.) City, Country  | Attendance<br>From - To                            | Diplomas or C   | ertificates Year of Graduation   |  |  |
| Educational Institutions Attended (You muschool and include any school you are now  Name of Institution  1   | attending.) City, Country  | Attendance<br>From - To                            | Diplomas or C   | ertificates Year of Graduation   |  |  |
| Educational Institutions Attended (You mu school and include any school you are now  Name of Institution  1  | attending.) City, Country  | Attendance<br>From - To                            | Diplomas or C   | ertificates Year of Graduation   |  |  |
| 1  | attending.)  City, Country | Attendance<br>From - To                            | Diplomas or C   | Pertificates Year of Graduation  |  |  |

Signature of the applicant: \_\_\_\_\_ Date: \_\_\_\_\_

prevailing party in any litigation arising out of this agreement is entitled to reasonable attorney's fees and all costs accrued during the litigation.

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

#### 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:** Alaska, California **Barbers:** Florida, South Dakota

Cosmetology: North Carolina, Tennessee, Utah, Vermont

Engineering: Alaska, Florida, Louisiana, Maryland, New Jersey, Puerto Rico, Texas

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, District of Columbia, Florida, Missouri, Nebraska, New Mexico, Oregon

Opticianry: Florida

**Psychology:** Delaware, District of Columbia, Florida, Maryland, 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

Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming

## 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.



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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:                                      |                      |                          | code phone         |                                  |
| Name of Applicant:  If different from the cardholder | irst                 |                          | La                 | st                               |
| Billing Address:                                     |                      |                          |                    |                                  |
| Number Number  |                      | Street                   |                    | Apt #                            |
|  |                      |                          |                    |                                  |
| City   | State                | Zip/Postal               | code               | Country                          |
| I authorize Josef Silny & Asso                       | ociates, Inc. to cha | arge my (check one):     |                    |                                  |
| □ VISA □ MASTER CARD                                 | □ DISCOVER           |                          |                    |                                  |
| in the <b>total</b> amount of \$                     |                      | (total amount must be fi | lled in order to p | <mark>rocess your order).</mark> |
| CREDIT CARD NUMBER:                                  |                      |                          |                    |                                  |
| 3-digit security code on back of ca                  | rd:                  |                          |                    |                                  |
| Expiration Date (month/year):                        | /                    | _                        |                    |                                  |
| Signature of Cardholder (Required                    | l):                  |                          | 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.