75-21 170th Street
Flushing, NY 11366
Tel (718)380- 4482
Email: info@westwoodevaluations.com
www.westwoodevaluations.com

Name_____ _____ □ Male □ Female
Last First, Middle

Degree(s) Seeking_____
(Degree, subject)

Please list all institutions attended, beginning with secondary school.

Name of Institution Degree/Diploma Dates of Attendance

_____
_____
_____

Country or Countries of Institutions_____
Total years of Work Experience and/or Training (if applicable) _____

TYPE OF EVALUATION:
□ Academic □ Work Experience □ Academic and Work Experience □ Positional Evaluation

OTHER SERVICES:
□ Additional Signature □ Expert Opinion Letter □ Translation from_____to_____

PURPOSE OF EVALUATION:
□ Immigration □ Further Education □ Employment □ Certification/licensing □ Other

SERVICE: □ Same Day □ Next Day Service □ Standard

Firm/ Company Name_____ Contact_____
Telephone:_____ Fax:_____

For Academic Evaluations:
Please provide our company with the client's degree(s), certificates, and diplomas, as well as copies of his/her transcripts that show the courses studied by the client.

For Work Experience Evaluations:
Please provide a detailed description of job duties, reference letters from employers, a copy of the client's resume, and number of years of professional employment.

For Positional Evaluations:
Please provide what is necessary for the Work Experience Evaluation and Academic Evaluation and include background information regarding the company, consisting of date established, number of employees, annual revenue, and nature of business activities. Also include a job description specifying title, job duties, managerial responsibilities, and educational prerequisites.