

CAROLINA POLYGLOT, INC.

5140 Sardis Road - Charlotte, NC 28270-5290

Tel: (704) 366-5781 Fax: (704) 364-2998

APPLICATION FOR EVALUATION

(DO NOT LEAVE ANY BLANK AREA)

1. Last & First Names: _____

2. Phones for contact: **A.** _____ and **B.** _____

3. Birth date: _____ Soc. Sec. # _____ - _____ - _____

4. Address: (No. & Street Name): _____

5. City & Zip Code: _____

6. Marital Status: _____ Sex: (Circle one) **M** **F** - Nationality: _____

7. City & Country of Birth: _____

8. Language: _____ E-mail: _____

9. University Field of Study: _____ Did you Graduate? _____

10. **Graduation Level** (Circle one): High School Bachelor's or Master's Degree
(STARTING WITH HIGH SCHOOL, LIST THE SCHOOL NAMES & GRADUATION YEARS – SPACE BELOW)

SCHOOL or COLLEGE	COUNTRY – DATES (From/to) – DIPLOMA – GRAD. YEAR
(Ex: "Juarez" High School	México (1998 – 2001) Yes 2001)

1. _____

2. _____

3. _____

11. State the **PURPOSE** of this evaluation: (Ex: *To claim credits for my major at CPCC*).

12. My documents need to be translated into English. (Circle): YES NO

A deposit of **\$50** is required and applied to your final cost. Call to make arrangements.

DATE: _____ SIGNATURE: _____