



# Request for Academic Records/Transcripts for Credentials Evaluation

**APPLICANT** completes this section (send one form to each school you've attended. Do not send without ICD file number)

My ICD file number (required)           Applicant signature

The name I used when I attended this school was

Given/middle/surname

Current name (if different from above)

Name of school attended

Attended **from** Month  Year  **to** Month  Year  Birth date (month/day/year)

Address

Address

City

State/Province  Post code  Country

Telephone  Fax

E-mail

**ADMINISTRATIVE SCHOOL OFFICIAL** completes this section

Applicant name  Birth date (month/day/year)

Educational institution name  Is your school a government-approved school?  Yes  No

Educational institution address

Telephone number  Fax number  Email address

Name of degree/diploma/certificate awarded (in native language)

Minimum academic entrance requirement

What governmental authority in your country recognizes this school's program?

What was the language of instruction for this applicant?  Textbook language?

What was the program's duration? (years)  (weeks)

Program type (eg, certificate, diploma, baccalaureate, etc.)  Program completion date

Upon graduation, what higher university program would this applicant be eligible to enter?

**Important:** For Physical Therapist and Physical Therapist Assistant applicants, course descriptions/syllabi/curriculum AND the grading scale relevant to the applicant's attendance dates MUST be included. Documents must include the individual's name, attendance dates and program completion date, as well as the number of lecture hours and laboratory study hours, the final grades, credits, weighting factors and contact hours earned for each course completed.

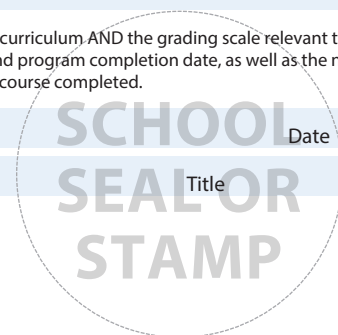
I hereby attest that the enclosed academic records/transcripts are a review of and relate to the courses taken, study hours and grades received for the above-named individual.

Signature  Date

Print name  Title

Please place school seal or stamp over flap of envelope after sealing and return all academic record(s)/transcript(s) along with this form via airmail to:

International Consultants of Delaware, Inc.  
3600 Market Street, Suite 450  
Philadelphia, PA 19104-8629 USA



School seal or stamp must cover signature