

MEXICAN AMERICAN CATHOLIC COLLEGE

Registrar's Office | 3115 W Ashby Place | PO Box 28185 | San Antonio TX 78228
210-736-2963 (fax) | 210-732-2156 (phone) | registrar@maccsa.org

Evaluation Service Request

A fee is associated with this request.

Authorizing individual submitting this form should view the fee schedule before submitting this form.

Instructions: This form is for applicants who wish for MACC to facilitate the evaluation process. The form must be submitted with the corresponding payment or billing authorization.

A. Student Data

first name middle name last name country of origin id number

B. Authorization Information

name of diocese

name of individual authorizing evaluation(s)

address (line 1)

address (line 2)

phone

fax

city

state

zip

country

email

C. Service(s) Requested

COURSE-BY-COURSE REPORT - \$145.00 (Any number of documents)

This report identifies and describes each credential, provides its U.S. equivalent, U.S. grade point average (GPA) and U.S. credit and grade equivalent for each subject studied. A high school GPA will be included for a nursing evaluation or if less than one year of university course work is completed.

RE-EVALUATION requests include a change in the type of evaluation and/or receipt of documents which were not submitted with the initial application. Re-evaluations are subject to the full evaluation fee (see types of evaluations and fees above).

ADDITIONAL COPIES: - you will receive One Official Copy of the evaluation. To have extra official copies sent to you or a third party the fee is \$20.00 each

D. Acknowledgement

By signing and dating this form, I authorize to the Mexican American Catholic College to request an evaluation of the credentials of the individual submitting this form. I understand that I have to pay for the service(s) I am requesting.

authorizing individual signature (required)

date

BELOW THIS LINE, FOR REGISTRAR'S OFFICE USE ONLY

cost: paid: processed by