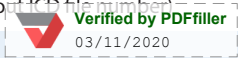




Request for Academic Records/Transcripts for Credentials Evaluation

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) 2 0 8 9 0 6 7 Applicant signature Yeiry Lorena España



The name I used when I attended this school was

Given/middle/surname YEIRY LORENA MARTINEZ ESPAÑA

Current name (if different from above)

Name of school attended CORPORACION UNIVERSITARIA UNITEC

Attended from Month FEB Year 13 to Month NOV Year 2016 Birth date (month/day/year) 06/04/1993

Address 81-08 37th Avenue

Address

City JACKSON HEIGHTS

State/Province NEW YORK Post code 11372 Country UNITED STATES

Telephone (631) 6331653 Fax

E-mail yeiimarimar@gmail.com

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.

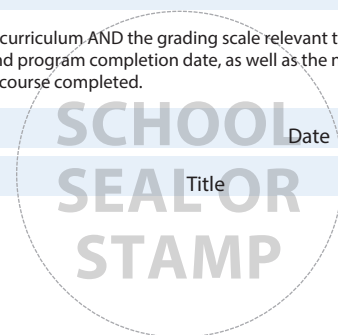
I hereby attest that the enclosed academic records/transcripts are a review of and relate to the courses taken, study hours and grades received for the above-named individual.

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