



REVISION FORM

International Credential Evaluation Service

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

F 604.435.7033

This form is only used for clients who already have a completed evaluation report. If the type of revision you require is not listed below, please contact ICES at icesinfo@bcit.ca with your client number for further assistance. Two copies of the revised report will be issued. In all cases, additional documentation is required to process the revisions. Please be sure to either include or make arrangements to have these documents sent to ICES.

PERSONAL INFORMATION

Surname (Family Name)		Given Name		ICES Client Number	
Mailing Address					
(2nd line if necessary)				Email	
City/Town/Village		Province/State	Postal Code	Country	
Home Phone (include country & area code if relevant)		Date of Birth (dd/mmm/yy)		Number of copies to be sent to me at the above address:	

ADDRESS FOR SECOND COPY (IF DIFFERENT FROM ABOVE)

Number of copies to be sent to the address below				
Institution/Organization Name				
Mailing Address				
City/Town/Village		Province/State	Country	Postal Code

TYPE OF REVISION

NAME OF CREDENTIAL(S) _____

<input type="radio"/> Language of instruction	<input type="radio"/> Modified translation
<input type="radio"/> Grade Point Average inclusion	<input type="radio"/> Document authentication warning removal
<input type="radio"/> Document Authentication change (for example Original to Official)	<input type="radio"/> Partially completed credential now completed

FEE (All fees charged in CND)

Revision fee per credential: \$51.00.		<input type="checkbox"/> Regular Mail (no fee)
Revision fee	x \$51 +	courier cost (if applicable) = \$
		<input type="checkbox"/> Courier (in Canada \$26; outside Canada \$75)
Note: Courier deliveries cannot be made to a post office box. A street address must be provided if the courier option is selected.		

PAYMENT METHOD

How would you like to pay for your additional copies?			
<input type="checkbox"/> Cashier's Cheque	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> American Express
<input type="checkbox"/> VISA or MasterCard	<input type="checkbox"/> Traveller's Cheque	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Cash
If you wish to pay your fees by credit card, please enter the number here			Expiry Date (mo./yr.)
VISA/MasterCard		AMEX	
3 Digit CVV Number (back of card)		Cardholder Signature	

In accordance with the British Columbia Freedom of Information and Protection of Privacy Act, I authorize the International Credential Evaluation Service to send the official copy of copies of the ICES Evaluation Report as I have indicated above.

Client Signature	Today's Date
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