

Procedures For Evaluating Credentials & Previous Course Work

Application for Evaluation

Upon request for evaluation of credentials and previous course work, an application kit is sent to the applicant.

The application form requires details of academic background supported by documents in English. If they are in another language they will need to be translated by a certified translator. Please contact the office for further details as required. All information on this form is collected in accordance with the Freedom of Information and Protection Act.

(Evidence of written and spoken English may be required for international students.)

Documents Required:

- a) Application Form for Evaluation of Credentials & Previous Course Work.
- b) Official university/school transcript, including a record of courses and grades obtained.
- c) Copies of certificates or diplomas obtained.
- d) Course descriptions (from university syllabus or other official document), as well as descriptions of courses or experience necessary to meet admission requirements.
- e) Verification form (to be signed and sealed by Dean or Director of School/Faculty at the applicable academic institution).
- f) Field practice description (from university syllabus or other official document), including number of hours of field practice.
- g) Field practice evaluation (where applicable.).
- h) Proof of membership in professional association(s) (if applicable).

A fee of \$140.00 (Canadian Funds) is payable with the complete application form and documentation. This fee covers the professional assessment process, application fee and associated administrative costs.

Please send the above documentation and fee to the VBCI office in one envelope. Incomplete dossiers will be returned.

Evaluation Process:

Upon receipt of completed application form, documentation and fee, the evaluation process begins.

- a) Documentation will first be checked to ensure that it is complete. If required documents are missing, the applicant will be contacted.
- b) Once all documentation is complete, documents will be reviewed and compared to the counselling degree program offered by the school. Applicant may be contacted to provide further information.
- c) Applicant will receive an official evaluation document.



Victory Bible Colleges International

Box 65077 North Hill P.O. Calgary, AB. T2N 4T6

Phone: (403) 286-8337 Fax: (403) 286-8335

Email: info@vbci.org

Website: www.vbci.org

APPLICATION FORM ASSESSMENT OF CREDENTIALS COUNSELLING DEGREE PROGRAM

Personal Information

Mr. Mrs. Miss _____
(First Name) (Middle Name) (Last Name)

Mailing Address: _____
(Street/P.O. Box)

City/Town: _____

Province/State: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____

FAX: () _____ E-mail Address: _____

The above named person has applied to Victory Bible College International to have training evaluated.

Reason(s) for Evaluation:

Academic Background (most recent first):

Credential Obtained	Institution	Country	Date	
			From	To

Application Fee:

A fee of \$140.00 (Canadian Funds) is payable with the complete application form and documentation.

Note: Verification form must be signed and sealed by Dean/Director of School/Faculty at the applicable institution.

(Date)

(Applicant Signature)



Victory Bible Colleges International

Box 65077 North Hill P.O. Calgary, AB. T2N 4T6
Phone: (403) 286-8337 Fax: (403) 286-8335

Email: registrar@vbci.org

Website: www.vbci.org

VERIFICATION FORM COUNSELLING DEGREE PROGRAM

Personal Information

Mr. Mrs. Miss _____
(First Name) (Middle Name) (Last Name)

Mailing Address: _____
(Street/P.O. Box)

City/Town: _____

Province/State: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____

FAX: () _____ E-mail Address: _____

The above named person has applied to Victory Bible College International to have credentials & training evaluated.

Please complete the following verification data:

This is to certify that the above named applicant has successfully completed; and was:

(a) Granted a graduate degree - title: _____

Date Degree Received: _____ Yes _____ No: _____

(b) Granted an undergraduate degree - title: _____

Date Degree Received: _____ Yes _____ No: _____

(c) Granted an undergraduate degree - title: _____

Date Degree Received: _____ Yes _____ No: _____

Signed: _____

(Dean)

SEAL Date: _____

(School/Faculty)