

PRELIMINARY ASSESSMENT FORM

Please scan a copy of the student's most recent transcript, and email it to <u>ises-inquiries@intoglobal.com</u> along with this completed form so we can make appropriate recommendations for your student. Please be advised that we are unable to make suggestions if we do not have this information.

Student Name:					
☐ Male ☐ Female Birthdate:					
Preferred Destination in USA, if any:					
Desired Program					
<u>University</u> :	□Ur	dergraduate-1st Year	☐ Transfer Student ☐ Postgraduate		
Intended Major:					
High School:	□ Во	parding School	☐ Private S	chool \Box	Either
\square Coed	□ Gi	irls Only 🗆 B	oys Only	☐ No Preference	
Applying for which grade:					
Special Interests:					
Current English Level: TOE		EFL	IELTS	SI	_EP
OTHER					
No test score but level is:					
ESL Required: ☐ Yes		\square No Will attend language school? \square Yes		□ Yes □ No	
If YES, which one:		Dates of attendance: to			
Applying for fall of year		Applying for spring of year			
Maximum price range					
Other Comments that would be helpful in making recommendations:					
Please indicate choices, if any, already discussed with student:					
1.		2.		3.	
Name of Agency	/ :				
Contact Person:					
Email Address:					