



## PROFILE EVALUATION FORM

Full Name

Phone No

Email ID  DOB

Address

GRE:  /340      VERBAL:  /170      QUANT:  /170

GMAT:  /800      VERBAL:  /400      QUANT:  /400

IELTS:  /9

TOEFL:  /120

SAT:  /1600      VERBAL:  /800      QUANT:  /800

ANY OTHER EXAM GIVEN

Occupation

School Student ☐    College Student ☐    Employee ☐    Businessman ☐

Other

Academic Background

Work Experience

Course Preference

Country Preferred

Intake Month      JAN ☐    MAR ☐    JUNE ☐    AUGUST ☐    NOV ☐

Intake Year

Where Did You Hear about US:

Newspaper ☐      Website ☐      Friend ☐      Other ☐

Student Signature

Counselor Signature