

**PRELIMINARY QUESTIONNAIRE FORM**

Date

Student Name

Cell phone #

Email

Date of Birth

School

Year of Graduation

Guidance Counselor

Home Address

Parents Name

Cell Phone #

Email

Cumulative GPA

Standard Test Scores

Date

SAT English

SAT Math

ACT English

ACT Math

SAT 2

TOEFL

Potential Majors

Future Careers

Dream Schools

College Experiences

Date

Name of College

Reason for Visiting

Activities : Volunteer, Internship, Research, Work Experience, Competition, Clubs, Sports, Music, etc.  
Please indicate the duration, the hours per week and the position of each activity.

9th

10th

11th

12th

Memo : Advisors Use Only

School size

Private / State School

Away / East Coast

Financial Aid

Aptitude Test

Please bring your transcript, latest report card and the completed primary questionnaire form  
with \$ 300.00 evaluation fee. (cash only please)

\*\* This fee will go toward your purchased service.\*\*