



SCHOOL RECOMMENDATION REQUEST FORM

To receive a free evaluation and learn which schools you are eligible for through the American Education Partners program, complete **ALL** information listed below and return this form by fax or email attachment.

STUDENT INFORMATION

Name (Mr./ Ms.) _____

Average class scores from most recent school: (Use a 1%-100% scale) _____

English Exam Score: TOEFL ____ IELTS ____ SLEP ____ Other ____ None ____

Requested School Programs:

Do you need to study in an Intensive English Program? (Check One) ____ Yes ____ No

(Circle only one program below)

High School Community College 4-Year University Graduate School Specialty School

Requested Program/ Major: _____

Requested Starting Term: (Circle only one)

Winter 20__ Spring 20__ Summer 20__ Fall 20__

Requested School Location: (Circle only one)

West Coast Southwest/ Mountain Midwest South/ Southeast East Coast

Total Yearly Budget for School AND Living Expenses (Check only one):

- ___ Less than US\$15,000
- ___ US\$15,001 – US\$19,999
- ___ US\$20,000 - US\$25,999
- ___ US\$26,000 – US\$29,999
- ___ US\$30,000 – US\$34,999
- ___ US\$35,000 – US\$39,999
- ___ US\$40,000 and above