



MyCollegeDreams

Student Initial
Self-Assessment



Full Legal Name (please type or print legibly)

Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	Previous Last Name	
<input type="text"/>	<input type="text"/>	

Student's Address (Home Address)

Number/street/apt.	City	
<input type="text"/>	<input type="text"/>	
State	Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone

Area Code	(Home)	Email Address (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender and ethnicity are required by the U.S. Department of Health, Education and Welfare under the provisions of Title VI of the Civil Rights Act and may not be used for discriminatory purposes.

Residency Status	Country of Birth: <input type="text"/>	Citizenship: <input type="text"/>
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Date of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Sex/Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Month	Day	Year			

Email Completed Form to: admin@mycollegedreams.com



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Emergency Contact Information:

Last Name

First Name

Middle

Relationship:

Spouse

Guardian

Parent

Other

Address

Number/Street/Apt. #

City

State

Zip Code

Country

Telephone

Area code

(Home)

Area code

(Work)

High School Information

Name and address of high school attended (please type or print legibly):

Name of School

City

State

Country

Month/Year Graduated

College/University Information

List all colleges or universities you have attended **whether or not credit was earned**.

Name of School

City

State

From(mm/yy)

To(mm/yy)

Degree/Hours

Intended Program, Specialty & Term You wish to begin Study

Fall 20 _____ Spring 20 _____

Specialty: _____

Undergraduate

Bachelors Level

Non-Degree Taking Undergraduate Coursework

Intensive English Program

Graduate

Masters Level

Doctoral Level

Graduate Certificate

Medicine

Dentistry

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Honors, Scholarships and Awards:

Extracurricular Activities:

Skills, Interests Projects

Software

Volunteer Activities:

Organization Name

Dates of Employment to

Position/Title

Hours/Week

Description

Organization Name

Dates of Employment to

Position/Title

Hours/Week

Description

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Languages/Fluency

For languages other than English, please indicate your verbal and written proficiency.

Language 1

Language

Verbal:

Written:

Language 2

Language

Verbal:

Written:

Language 3

Language

Verbal:

Written:

Standardized Test Scores and Dates Taken

English Proficiency	IELTS/TOEFL	_____
	Cambridge	_____
	SAT/ACT	_____
	GRE/GMAT	_____
	LSAT	_____
	MCAT	_____
	USMLE Step 1	_____
	USMLE Step 2	_____
	USMLE Step 3	_____

Please fill in accurately as much information as possible so we can help design the perfect program to realize your college dreams. If not applicable, please fill 'NA' in the relevant box.

Certification

I certify that the information given by me on this application is complete and accurate, and that all materials submitted as mine are entirely my own. I understand that willful misrepresentation or failure to disclose complete and accurate information may result in the disqualification of my application.

Signature of Applicant

Parent

Date

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