

PR Study Abroad

Student Assessment Form

Personal Information

Full Name: _____

Date of Birth: _____ Nationality: _____

Email: _____ Phone: _____

Current Address: _____

Academic Background

Highest Qualification: _____ Year of Completion: _____

Institution: _____ GPA/Percentage: _____

Backlogs (if any): _____

English Proficiency

Taken English Test? ☐ Yes ☐ No

Test Name (IELTS/PTE/TOEFL/Other): _____ Score: _____

Study Abroad Preferences

Preferred Countries: _____

Preferred Courses/Fields of Study: _____

Intended Intake: ☐ Jan ☐ May ☐ Sep ☐ Other

Financial Information

Source of Funding: ☐ Self ☐ Parents ☐ Scholarship ☐ Loan

Approximate Annual Budget (INR/USD): _____

Additional Information

Any Gap Years in Education? ☐ Yes ☐ No

If yes, please explain: _____

Previous Visa Rejections (if any): _____

Declaration

☐ I confirm that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____