

APPLICATION FORM- GRADUATE COHORT GROUP ADVISING

DEADLINE FOR THIS APPLICATION IS MAY 31, 2016

PART I: PERSONAL DATA

Full name:

(As in your passport)

Gender: Male Female **Date of Birth:**

CELL/Home Number (including country and area code)

Telephone number of parents or family members:

E-mail:

PART II: INFORMATION ON EDUCATION

Education: List all educational institutions you have attended, starting with the last one, or where you are studying at the moment

Name of the school	Degree Program	Date

PART III: OTHER FACTS

Awards – List your honors, awards, medals



Languages – Assessed using a rating scale: Excellent, Good, Fair, and Poor

Language	Reading	Writing	Listening	Spoken
English:				
Turkmen:				
Russian:				
Other:				

PART IV: ESSAY

a) **Why do you want to participate in Graduate Cohort Group Advising? How will it help you to pursue your studies in the USA?**

I have read all of the questions in this application and confirm that all the answers I have provided in this application form are true and correct

Signature:

Date:

Thank you for taking time to fill out this application. Please send this application along with your **transcript** to : eac@americancouncilstm.org

Telephone: +993 12 97-10-16 (ext. 106/116)