

# Elite Mentoring Service

## Application

<b>PERSONAL DATA</b>				
1. Family Name:	2. Given Name:			
3. Permanent address, telephone and e-mail:  Tel.:  E-mail:	4. Current address, telephone and e-mail:  Tel.:  E-mail:			
5. Present nationality:	6. Sex                      Male <input type="checkbox"/> Female <input type="checkbox"/>			
7. Date and place of birth:				
<b>EDUCATION, EMPLOYMENT AND PERSONAL SKILLS INFORMATION</b>				
8. Education: Please state which university, if any, you attend(ed), including the name and city of the university, the main course of study and degree obtained, if any. Please also state when you entered the university and projected date of graduation, if applicable.				
9. Work experience related to your studies (if any):				
10. Knowledge of languages:  Mother tongue:  Please use the following codes for other languages: A – Professional fluency (able to work independently in the language including preparation of reports) B – Working knowledge (able to follow work-related discussions and participate in them) C – Limited knowledge (able to understand simple conversations and written texts)				
Other languages	Understand	Speak	Read	Write
English*				
*Please note that sufficient English knowledge (speaking, reading and writing) is a requirement.				

**PROGRAM INFORMATION**

11. Preferred degree and college program you are seeking to enter:

Bachelor Degree       Masters Degree       Doctorate Degree

Liberal Arts    Education    Business    Sciences    Engineering    Health    Law

In a few of your own words, what do you truly wish to study?

12. Please indicate in order of preference your availability to begin this program this/next year:

January-March    April-June    July-September    October-December    Other (please specify):

13. Preferred program (between 3, 6 or 12 months):

Bronze Plan       Silver Plan       Gold Plan       Undecided

14. Please provide any supporting testing and aptitude scores (i.e. SAT, GMAT, etc.)

15. Please write a short paragraph explaining your motivation for completing this program.

16. By signing this document, I hereby agree to all of the following:

- I certify that the foregoing statements and answers are true, complete and correct to the best of my knowledge and belief and can be verified at any time.
- Nothing herein shall obligate either party to proceed with any transaction between them, and each party reserves the right, in its sole discretion, to terminate the discussions.
- I agree that I shall take reasonable measures to protect the secrecy of and avoid disclosure and unauthorized use of the information provided during the initial interview with Dr Andrew Colarik.

Signature \_\_\_\_\_

Date \_\_\_\_\_  
(dd/mmm/yy)