



SCHOOL RECOMMENDATION REQUEST FORM

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

STUDENT INFORMATION

Name (Mr./ Ms.) _____

Average 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

Other Requested Information:

- ___ Conditional Admission Schools
- ___ "No TOEFL/ GRE/ GMAT" Programs
- ___ Scholarships