

info@cds.org.ir Fill out this form and mail it to:

**MSRT-Authorized CANDO Study-abroad Student Consultancy Institute**

**(MSRT license number: 67386-17-42)**

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| Free CDS Assessment Form |
|  | Name | 1. |
|  | Date of birth | 2. |
|  | Marital status | 3. |
|  | Conscription status | 4. |
|  | Your last university degree | 5. |
|  | Your major | 6. |
|  | Grand average mark |  7. |
|  | Date of graduation | 8. |
|  | Place you received your degree. | 9. |
|  | Explain shortly how your English is. | 10. |
|  | What degree are you looking for? | 11. |
|  | What Major do you plan to study? | 12. |
|  | Prioritize four universities that you want to study in. | 13. |
|  | Briefly write what your job experience and background are. | 14. |
|  | Have you ever attempted to get an admission from an overseas university? | 15. |
|  | Your e-mail address? | 16. |
|  | Your mobile phone number? | 17. |
|  | Postal address | 18. |
|  | Any more explanation? | 19. |

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