

CEE ADVISORY and CONSULTANCY

Please provide answers and information that will be used by Joann DiGennaro, President of the Center for Excellence in Education (CEE) and the CEE A&C Team, for acceptance to the CEE Advisory and Consultancy.

To schedule your interview, please contact:

Sandy (Yuan) Li, PhD Manager, CEE Advisory and Consultancy yli@cee.org 00-1-703-448-9062 ext. 226

CEE ADVISORY AND CONSULTANCY STUDENT PROFILE

(Print or type)

Name:					
	(Last)	(First)	(N	Niddle)	(Known As)
Address:					<u>.</u>
(Number)	(Street)	(City)	(P	ostal Code)	(Country
Home Phone: (Include Country Code)		Cell Phone:(Include Country Code))
Permanent E-mail Ac	2 nd E-N	Mail Address	»:		
Indicate Gender: _	Female Mo	ale Grade enro	lled (Fall 202	22)	
Citizenship:					
Student Identification	n Number:			_	
Age: Birth	n Date (M/D/Y)				
Name of High Schoo	ol:	· · · · · · · · · · · · · · · · · · ·			
Full School Address:					
City:		Country:		Zip:	
School Phone Numb	er:	School E-mc	nil Address: _		
Principal's/Headmas	ter's Prefix (Dr./Mr./Mrs	./Ms./Miss)		_ Title:	
Principal's/Headmas	ter's First Name:				
Principal's/Headmas	ter's Last Name:				
E-Mail Address:					
School Web Site Add	dress:			· · · · · · · · · · · · · · · · · · ·	

Please complete the following chart indicating your TOEFL scores.

TOEFL

TEST	Score	Test Date	Test	Score	Test Date
Reading			Listening		
Speaking			Writing		

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(Print or type)

Please complete the following charts indicating course work through the end of the 2022-2023 school year and test scores (if applicable).

COURSE LEVEL

Subjects	Regular	Honors	AP	IB	Date Completed/Expected (M/Y)

TESTS

TEST	Score	Test Date	Test	Subject	Score	Test Date
PSAT Math			SAT 1	Math		
PSAT Critical Thinking			SAT 1	Critical Thinking		
PSAT Writing			SAT 1	Writing		
ACT English			SATII			
ACT Math			SATII			
ACT Reading			SATII			
ACT Science			ACT Writing			

Please attach a copy of your official score report(s).

Briefl	/ summarize	information	on the f	ollowing:
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Educational:
Career:
Research Experience and Awards, Patents Held, or Publications:

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(Print or type)

Briefly summarize your extracurricular activities (sports, philanthropy, clubs, leadership, and extracurricular activities)

Science or Math Clubs and Awards:
Briefly provide detailed information on the following:
Nations Visited:
Languages Spoken:
-
Summer Program Participation:
International Events Attended:
What is your favorite book?
What are your hobbies?
What do you do for fun?
Other: Is there anything else you would for CEE to know about you?
Details:

CEE ADVISORY AND CONSULTANCY STUDENT PROFILE

(Print or type)

Student's Name:(L	.ast)	(First)	(Middle)	(Known As)
FATHER OR MALE GUARD	IAN Relationship	if not Father:		
Name:				
(Mr./Dr./etc.)	(Last)	(First)	(Midd	dle)
Address:(Number) (S		(21)		
(Number) (S	street)	(City)	(Postal Code	e) (Country)
Home Phone:	Country Code)	Work Phone: _	(Include Country Co	
(include (country Code)		(include Country Co	ide)
Cell Phone:(Include	Country Code)	Permanent E-ı	mail Address:	
Age:		Citizenship:		
Occupational History:				
<u>Position</u>	<u>Firm</u>		<u>Location</u>	<u>Dates</u>
Educational Background	d:			
<u>Institution</u>	<u>Location</u>		<u>Dates</u>	<u>Degree</u>
Academic, Professional,	or Civic Awards:			
<u>Award Bestowed</u>		<u>Location</u>		<u>Dates</u>

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(Print or type)

Student's Name:	/I I)		(F: 1)	/\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
	(Last)		(First)	(Middle)	(Known As)
MOTHER OR FEMALE (GUARDIAN	Relatio	onship if not Mo	ther:	
Name: (Ms./Mrs./Dr./e					
(Ms./Mrs./Dr./e	etc.)	(Last)		(First)	(Middle)
Address:	(Ch 1)		(0:1-)	(D t - t - C	
(Number)	(Street)		(Сіту)	(Postal C	ode) (Country)
Home Phone: (Inclu	de Country Co		Work Phone: _	(Include Country	Code)
Cell Phone:(Inclu	de Country Co	ode)	Permanent E-r	mail Address:	
Age:			Citizenship:		
Occupational History	:				
<u>Position</u>	<u>Firm</u>			<u>Location</u>	<u>Dates</u>
Educational Backgro	und:				
<u>Institution</u>	Loca	<u>ition</u>		<u>Dates</u>	<u>Degree</u>
Academic, Profession	nal, or Civic Av	vards:			
<u>Award Bestowed</u>			<u>Location</u>		<u>Dates</u>

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(Print or type)

SIBLINGS:					
Designate as full, half, or st	ep: (f), (h), or (s):			
<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Edu</u>	ucation Level/Degrees	<u>S</u>
					
Please name another pe cannot make contact wit			ndparent	r, aunt, or uncle, in th	ne event CEE
Name: (Mr. & Mrs./Dr./Mr./N					· · · · · · · · · · · · · · · · · · ·
(Mr. & Mrs./Dr./Mr./N	As.)		(Re	elationship)	
Address:(Number) (Str			City)	(Postal Code)	(Country)
Home Phone:		Business P	hone:		
	ountry Code)	-		(Include Country	Code)
Cell Phone:					
(Include C	ountry Code)				