

Thank you for considering Change of Phase Consulting Ltd. to assist you with your study abroad journey! To help us understand your needs and provide personalized guidance, please complete the form below. This information will allow us to offer you the most relevant advice and support for your educational goals.

	onal Information:	
1.	Full Name:	
	o First Name:	
	o Last Name:	
2.	Date of Birth:	
	o (DD/MM/YYYY)	
3.	Nationality:	
	0	
4.	Email Address:	
	0	
5.	Phone Number (including country code):	
	0	S _{z.}
		40,
	emic Information:	
cade		
cade 6.		
	 High School 	
	9	
	o Undergraduate (Bachelor's Degree)	
	Outline (Machelor's Degree)	To abroad Consulting St.



8. Do you currently hold any academic qualifications?
o Yes
o No
o If yes, please specify:
9. Date of Completion for the Highest Education Level Completed:
o (DD/MM/YYYY)
10. Are you interested in pursuing further studies immediately or at a later date?
• Immediately
• Within 6 months
• 6-12 months
• 1-2 years
• Other:
Study Destination Preferences:
 11. Which countries are you considering for your study abroad experience? (Please select all that apply) Argentina Brazil Colombia
o Argentina
o Brazil
o Colombia
o United States
o Vanuatu
o Other:
 Colombia United States Vanuatu Other: 12. What type of institution are you interested in?
o University

College/Community College



0	Vocational/Technical School
0	Other:
13. What	type of program are you seeking?
0	Undergraduate (Bachelor's)
0	Postgraduate (Master's/PhD)
0	Short-Term Program (Language Course, Exchange, etc.)
0	Certificate/Professional Development
0	Other:
	Visa Information:
14. What year?	is your approximate budget for tuition and living expenses per
0	(in USD)
15. Have	you already researched the programs?
0	Yes
0	No
16. Are y	ou aware of the visa requirements for your desired destination?
0	Yes
0	No
0	Not Sure
17. Do yo	u need assistance with visa applications?
0	Yes
0	No Not Sure u need assistance with visa applications? Yes No Movbo (I road more information)
0	Maybe (I need more information)
18. Have	you applied for a visa to any country?

Yes



	0	No
	0	If yes, please specify the country/countries:
19. W	/ere y	you refused a visa for any country?
	0	Yes
	0	No
	0	If yes, please provide the name(s) of the country/countries:
Internation	onal '	Travel and Stay (Past Travel History):
20. H	ave y	ou ever traveled abroad for studies, work, or leisure?
	0	Yes
	0	No
	-	please list the countries you have traveled to and the purpose of your visit (e.g., study,
Vá	acatio	on, business, etc.):
	0	(Country) — Purpose:
	0	(Country) — Purpose:
	0	(Country) — Purpose:
22. D	o you	ı have any prior experience studying abroad?
	0	Yes
	0	No
	-	please provide the details of your previous study abroad experience (including the y, institution, and duration): Country: Institution:
	0	Country:
	0	Institution:
	0	Duration (e.g., 6 months, 1 year):
24 11		you over stayed abroad for more than 6 months?

 \circ Yes



0	No				
25. If yes	, please specify the country and the reason for your extended stay:				
0	(Country) — Reason:				
	Have you encountered any issues while traveling or staying abroad in the past (e.g., visa refusals, legal issues, etc.)?				
0	Yes				
0	No				
0	If yes, please provide details:				
27. Were travel	you required to undergo any health checks or vaccinations for any of your past is?				
0	Yes				
0	No				
0	If yes, please specify the required checks or vaccinations:				
28. Do yo	ou have any prior experience with international health insurance or travel insurance?				
0	Yes				
0	No				
0	If yes, please provide details:				
Additional In	formation:				
29. What	is your main motivation for studying abroad?				
0	Academic excellence				
0	is your main motivation for studying abroad? Academic excellence Cultural experience Career opportunities Language acquisition				
0	Career opportunities				
0	Language acquisition				
0	Settling abroad (e.g., long-term residency, work opportunities after studies)				
0	Other:				



0	(Month/Year)			
31. Any additional information or specific questions you have about studying abroad?				
0				
How did you	hear about our services?			
32. How 0	did you find out about Change of Phase Consulting Ltd.?			
0	Online search			
0	Social Media (Facebook, Instagram, LinkedIn, etc.)			
0	Referral from a friend/family			
0	Other:			
Next Steps:	© ₂			
•	completed this form, a representative from Change of Phase Consulting Ltd. will contact your study abroad plans in more detail and provide the support you need to move forward.			
Submit Your	Information:			
	irm that the information provided above is accurate to the best of my knowledge and I am sted in receiving assistance with my study abroad application process.			
By submitting this i	information, I acknowledge and agree to the following:			
the best suitable stu I understand that su I hereby indemnify	of Phase Consulting Ltd. to share the information provided in this form with relevant institutions and organizations to identify dy options and opportunities for me. bmitting my personal information electronically carries a potential risk of data being intercepted, hacked, or leaked. Change of Phase Consulting Ltd. from any liability, loss, or harm arising from such risks, including but not limited to s, hacking, or any potential data breaches.			