



**Request for
Admission
Advisor - SHSU**



Application Form : Admission Advisor - SHSU

Please Send Filled Form to Dean of Admissions, SHSU at shsu.som@gmail.com

| | | | |
|--|--|---------|--|
| Name: | | Country | |
| Company Name | | | |
| Address | | | |
| Phone/Whatsapp: | | Email: | |
| Website: | | | |
| Name Countries/cities, you can recruit students for SHSU: | | | |
| Target number of students per year: | | | |
| Do you charge any Service Charges from Students, if Yes, how much (in USD): | | | |
| Expected compensation from SHSU for each student: | | | |
| Did you recruited Students for SHSU earlier (Yes / No): | | | |
| Do you had any agreement with our marketing partner Overseas Medicals for SHSU (Yes / No): | | | |
| If you have recruited students into a medical degree program, please list schools recruited to w/ numbers of students: | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Do you provide services (Apart from Admission Process) to students, if Yes, please list : | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Provide List of institutions representing currently: | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| Sign of Authorized Person with Stamp | | | |