



# Consulting Application

THE ADMISSIONS COUNCIL

THIS SECTION FOR  
OFFICE USE ONLY

## CLERICAL

Date Received:

Date Entered:

## CONSULTATION

Granted

Denied

Decision By:

title

## EDITOR

Accepted

Rejected

Decision By:

title

Processed By:

title

## Applicant Information

|                    |                     |                  |
|--------------------|---------------------|------------------|
| First Name: _____  | M.I.: _____         | Last Name: _____ |
| Address: _____     |                     | Apt #: _____     |
| E-Mail: _____      |                     |                  |
| Home Phone: _____  | Cell Phone: _____   |                  |
| School Name: _____ | Today's Date: _____ |                  |

## Consulting Services

|   |  |
|---|--|
| <input type="checkbox"/> Review Primary AMCAS (\$350)                   | <input type="checkbox"/> Review Letters of Reference (\$25/letter) |
| <input type="checkbox"/> Edit Personal Statement AMCAS (\$199 or \$299) | <input type="checkbox"/> Edit Secondary Essay AMCAS (\$40/essay)   |
| <input type="checkbox"/> Help With Choosing Medical Schools (\$75)      | <input type="checkbox"/> Phone Consultation (\$120/30min)          |
| <input type="checkbox"/> Edit Primary TMDSAS (\$375)                    | <input type="checkbox"/> Edit Secondary Essays TMDSAS (\$40/essay) |

**NOTE:** Due to the attention we provide each applicant, we are limited to reviewing only 100 applications per month. Please plan ahead as spaces fill up quickly. Complete this general form, any additional request forms for services desired and mail payment to the address below. If you do not have a completed AMCAS or TMDSAS, fill out the Sample Application under "Consultants Tab" (Application Consultants).

|   |  |
|---|--|
| <p>What method of communication would you prefer we use in contacting you?</p> <p><input type="checkbox"/> E-mail      <input type="checkbox"/> Cell Phone</p> <p><input type="checkbox"/> Home Phone    <input type="checkbox"/> Other _____</p> | <p>*Send all forms, requests, checks, money order or printed PayPal receipt of payment to the address below:</p> <p><b>The Admissions Council</b><br/><b>P.O. BOX 3597</b><br/><b>Washington, DC 20027</b></p> |
|---|--|

## Agreement

I understand that I am only requesting the time and advice of a member of The Admissions Council. I clearly understand that due to the consultant's current affiliation with their respective Medical School, they cannot disclose their name or affiliated institution as this may create a conflict of interest. The opinions of each consultant should be taken as guidelines and/or recommendations to improve success in matriculating into medical school. No advice or information, whether oral or written, obtained by user from company or through or from the website shall create any warranty. Therefore, I understand, that by requesting this service, I am in no way guaranteed successful admission into medical school or my desired program.

I have read and agree to the above information: \_\_\_\_\_

(Signature) \_\_\_\_\_ (Date)