



AGENCY PARTNER QUESTIONNAIRE

Please complete this form and send it to ie@bellevuecollege.edu along with a copy of your business license and properly completed W8-BEN-E or W9 form.

AGENCY NAME: _____

Note: *The agency name must match the business license and will be used for all agency payments.*

Home Country Office

Contact Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone number: _____

Email: _____

United States Office

(List only if you have an office in the U.S.)

Contact Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: United States

Phone number: _____

Email: _____

1. What is your main line of business (student referrals, travel agency, educational services, etc.)?

2. How many staff members do you have?

Full-time: _____

Part-time: _____

3. Please list the **names and titles** of officers of the agency **including yourself**:

4. How many staff members have been educated in the United States? _____

5. How long has your agency been active in international education and recruitment?

If your agency has been in the international education business for the last 6 months, how many students has your agency referred that are now enrolled or will be enrolling?

6. What is your student visa success rate?

____ Always successful (80-100%) ____ Occasional rejections (61-79%)

____ About half rejections (40-60%) ____ Many rejections (0-39%)

7. What services do you provide? (check all that are applicable)

- _____ Marketing and recruitment efforts to attract students, parents, and educators to study abroad
- _____ Provide consultations with clients to explain different study options and help them identify best fit institution or program
- _____ Application processing service
- _____ Preparation of visa application and interview
- _____ Arranging homestay and airport pick-up service for the client
- _____ Initial tuition payment via wire transfer directly to the school
- _____ Ongoing care/advising service during the clients' stay at the overseas school (e.g., helping them with homestay, visa/immigration, school, banking, health or insurance related questions)
- _____ Career search and/or placement service for clients returned home
- _____

8. Do you organize fairs? Yes _____ No _____

Do you participate in fairs? Yes _____ No _____

9. To which group(s) do you provide services? Rank the institutional type to which your agency refers the most students: 1 being the most common, 7 being the least.

____ Secondary schools
____ Two-year institutions
____ Graduate programs

____ ESL or non-degree
____ Four-year institutions

10. To which countries outside of the US does your agency refer students?

11. What are your recruitment goals for Bellevue College per year?

12. How does your office verify the authenticity of a student's academic and financial records before submitting them to Bellevue College?

13. Do you or your agency have a Social Security Number, Washington State Business License Number or an Employer Identification Number issued by the Internal Revenue Service of the United States? This number will be needed to complete your W-9.

Yes _____ No _____ Number # _____

14. Do you inform students that you receive an educational service fee? _____

15. Do you charge students a flat fee and if so how much? _____

16. How did you hear about Bellevue College?

17. Have you ever been involved in a legal dispute with an educational institution?

If yes, please describe:

18. Please List Two educational institutions (colleges, universities, or ESL schools) as professional references. One contact must be in the **United States**.

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Province: _____

State/Province: _____

Country: _____

Country: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

If you have more than one office, please indicate which address you would like listed on the contract:

Please identify the name and title of the person who will be responsible for signing a contract:

I certify that information is true and correct and authorize Bellevue College to verify this information. I acknowledge that Bellevue College has the right to terminate any relationship with an agent.

Printed Name: _____

Signature: _____

Date: _____

**This questionnaire must be filled out completely.
Please submit your business license and W8 or W9.**

**Send the completed documents to
ie@bellevuecollege.edu**

Thank you!