



BELLEVUE COLLEGE

OFFICE OF INTERNATIONAL EDUCATION
AND GLOBAL INITIATIVES

AGENCY PARTNER QUESTIONNAIRE

Please complete this application and email to **Sookyung Park**, International Recruitment Manager at sookyung.park@bellevuecollege.edu along with a copy of your *official business license* in English.

AGENCY NAME: _____

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

Home Country Office

United States Office

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

Contact Name: _____

Contact Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Province: _____

State/Province: _____

Zip/Postal Code: _____

Zip/Postal Code: _____

Country: _____

Country: _____

Phone number: _____

Phone number: _____

Email: _____

Email: _____

Country: _____

Country: _____

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 the agency's officers:

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 six months, how many students has your agency referred and 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 apply.

_____ Marketing and recruitment efforts to attract students, parents, and educators

_____ 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 and advising during the client's stay at the overseas school (e.g., help with homestay, visa/immigration, school, banking, health or insurance)

_____ 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 | ___ Short-term (ESL, non-degree) |
| ___ Two-year institutions | ___ Four-year institutions |
| ___ Graduate programs | ___ Colleges |
| ___ Universities | |

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**.

| | |
|-----------------------------------|-----------------------------------|
| Institution/Company: _____ | Institution/Company: _____ |
| Contact Name: _____ | Contact Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ | City: _____ |
| State/Province: _____ | State/Province: _____ |
| Country: _____ | Country: _____ |
| Telephone: _____ | Telephone: _____ |
| Fax: _____ | Fax: _____ |
| Email: _____ | Email: _____ |

By signing below, I certify that this information is true and correct and I authorize Bellevue College to verify its authenticity. I acknowledge that Bellevue College has the right to terminate any relationship with an agent at any time.

Printed Name: _____

Signature: _____

Date: _____

**This questionnaire must be filled out completely.
Please submit these documents with your business license in English.**

Thank you!