

Center for Global Engagement

Educational Agent Interest Form – Intensive English Institute

Please complete this form if you are interested in partnering with the Intensive English Institute (IEI) to recruit international students. Submit the form to Konstancja Szymanska at kszymanska2014@fau.edu.

1. Company Name

Title:

Name (first, last)

Phone number

2. Owner/CEO/President Contact Information:

	Email address		
3.	Year when operations began:		
4.	Headquarters/Primary Location		
	a. Physical address		
	b. Mailing address		
	c. Phone number		
	d. Email		
5.	Primary Contact for the U.S. Market		
	Name (first, last)		
	Title:		
	Phone number		
	Email address		
6.	List any other company branch locations (address, er	nail, phone)	
7.	How do you advertise your services		
	Print (magazines, journals, newspapers)	Social Media (explain):	
	Flyers	Other (explain	
	School contacts/visits		
	Website		
8.	What types of pre-departure services do you provide to students (explain)		
	Orientation to the US Education and Culture		
	Information on Visa application processes and I-2	20 requirements	
	Emergency contact information		
	Review of academic credentials		
	Other (describe):		
	Other (describe).		
9.	How many students were placed in U.S. intensive En	glish program by your company in the past 12 months?	
10.	D. How many schools in the U.S do you refer students to?		
11.	Which schools in Florida do you refer students to?		
12.	Which of the following programs do your clients seek	through you?	
	Intensive English		
	Undergraduate		
	Graduate		
	Other:		
13	List professional associations that you belong to (in t	ne ITS your home country or internationally)	
	to provide account on that you belong to (in t		

15.	List three University-based IEPs Intensive English Programs based in the U.S. that can serve as a reference your company.
ver	sity IEP Reference
1.	Name of University IEP:
	Address:
	Phone:
	Name of contact person:
	Tittle of contact person:
	E-mail of contact person:
	Additional information:
2.	Name of University IEP:
	Phone:
	Name of contact person:
	E-mail of contact person:
	Additional information:
3.	Name of University IEP:
	Address:
	Phone:
	Name of contact person:
	Tittle of contact person:
	E-mail of contact person:
	Additional information:

14. Describe the type of training you undertake and provide to your company/agency staff regarding product