



AGENT APPLICATION FORM

Please forward a copy of your Current Business Profile along with this Agency Agreement Application Form to marketingservices@educoglobal.com. Company name: _ Current EduCo agent: Yes No If yes, which institutions are you currently representing? Acsenda School of Management New Jersey Institute of Technology Arbutus College Seattle Pacific University CIC Higher Education Southern Cross University - Sydney, Melbourne & Perth Dublin City University Strathfield College Duquesne University Technological University Dublin IT Sligo University of Maryland, Baltimore County Maynooth University University of Nebraska-Lincoln **Head Office Details:** Contact name: ___ Position: __ Office address: ___ State/Province/District: ______ Country ______ Postcode/Zip: _____ Postal address (if different): _____ State/Province/District: ______ Country ______ Postcode/Zip: _____ _____ Fax: ___ Phone: ___ Email(s):___ Website: ___

Agent Information: Year agency was founded: _____ Years in recruitment: _____ Total number of staff: ___ Number of students recruited per year: _____ Number of students recruited to which countries per year: What other institution do you represent?: _____ Have you worked in conjunction with any other agent?: If yes, what is the name of the other agency(s): _____ What services do you offer to students: Please list other offices that operate under your agency's name (please attached other sheet if required). Other offices: Office name: ___ Contact name: ____ Position: _____ Office address: _____ State/Province/District: ______ Country ______ Postcode/Zip: ____ Postal address (if different): ___ State/Province/District: ______ Country ______ Postcode/Zip: _____ Phone: ______Fax: _____ Email(s):_____ Website (if different): Office name: ___ Contact name: ___ Position: ____ Office address: _____ State/Province/District: ______Country ______Postcode/Zip: _____ Postal address (if different): ___ State/Province/District: ______ Country ______ Postcode/Zip: ____ _____Fax: _____

Email(s):_____

Website (if different):

 $Please \ name \ two \ referees \ from \ Educational \ Institutes \ that \ your \ Agency \ currently \ represents.$

Referee one:		
Contact name:		
Company name/Institution:		
Position:		
Office address:		
Phone:	Fax:	
Email(s):		
Referee two:		
Contact name:		
Company name/Institution:		
Position:		
Office address:		
Phone:	Fax:	
Email(s):		
Referee three:		
Contact name:		
Company name/Institution:		
Position:		
Office address:		
Phone:	Fax:	
Email(s):		

Declaration:

I am interested in representing the below institutions as an education agent and I agree to do so in an honest and professional manner. I declare that the above information I have provided is correct and true.

Please check the appropriate box. **USA Duquesne University** University of Maryland, Baltimore County Pittsburgh, Pennsylvania Baltimore, Maryland New Jersey Institute of Technology University of Nebraska-Lincoln Newark, New Jersey Lincoln, Nebraska Seattle Pacific University Seattle, Washington **Australia CIC Higher Education** Southern Cross University - Sydney, Melbourne & Perth Melbourne, CRICOS 01718J CRICOS 01241G Strathfield College CRICOS 02736K Canada Acscenda School of Management Arbutus College Vancouver DLI 01921983402 Vancouver Ireland **Dublin City University** Maynooth University Maynooth Technological University Dublin IT Sligo Dublin Sligo Name Signature Date