



## Agent Reference Check

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Company Name:

Referee	
Institution:	
Name:	
Position:	
Telephone:	
Email:	

Is the agent registered with your institute?

- Yes             No

How long has your institute been working with this agent?

\_\_\_\_\_

How do you find the quality of applications submitted by this agent?

- Excellent     Very Good     Good         Fair         Poor

How supportive is this agent with post enrolment problems their students may have?

- Excellent     Very Good     Good         Fair         Poor

Have you found the agent to be reliable and ethical?

- Yes             No

How many students are referred by this agent to your institution annually?

\_\_\_\_\_

Would you recommend this agent?

- Yes             No

Office Use Only					
Processed by:		Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved					