

University of Arkansas Fort Smith

AGENT PROFILE FORM (APF) – FOR INTERNATIONAL STUDENT RECRUITMENT

1. GENERAL INFORMATION: Please complete clearly. Use additional paper if required.

(A) GENERAL INFORMATION

(1) Company Name:	
(2) Address:	
(3) City:	(4) Year Co. Established:
(5) Country:	(6) No. of Employees:
(7) Tel:	(8) Email:
(9) Fax:	(10) Web Site:
(11) Company Registration number:	(12) Number of students sent abroad per year:
(13) Name of your main bank:	(14) Bank routing #: Bank account #:
(15) Bank address:	(16) Bank phone #
(17) Summary of any changes in your company's ownership during the last 5 years:	

(B) Chief Executive Officer

(1) Chief Executive Officer:	(2) Title:
(3) Address:	
(4) City:	(5) Tel:
(6) Country:	(7) Fax:
(8) Cell:	Email:

(C) Chief Financial Officer

(1) Chief Financial Officer:	(2) Title:
(3) Address:	
(4) City:	(5) Tel:
(6) Country:	(7) Fax:
(8) Cell:	(9) Email:

(D) US Market Manager

(1) US Market Manager:	(2) Title:
(3) Address:	
(4) City:	(5) Tel:

(6) Country:	(7) Fax:
(8) Cell:	(9) Email:

(E) US Market Manager

(1) US Market Manager:	(2) Title:
(3) Address:	
(4) City:	(5) Tel:
(6) Country:	(7) Fax:
(8) Cell:	(9) Email:

2. Profile

(A) Branch Information

Please provide the list of the branches your company own. Attach the list if you have more than 5 branches.		
Address	Name(s) of Manager(s) at the branch	e-mail address
(1)		
(2)		
(3)		
(4)		
(5)		

(B) References

Please provide us two references in the US. (Please provide us the names of the persons at US universities.)				
University	Name of your contact	Title	E-mail	Phone #
(1)				
(2)				
Have you ever worked with universities in Arkansas or Oklahoma? If yes, please provide 4 names of the universities.				
Name of University	Name of University	Name of University	Name of University	
Top 5 names of the universities you sent your students (last three years)				
Country	Name of the university			# of students
(1)				
(2)				

(3)		
(4)		
(5)		

(C) I-20/DS2019

Do you want us to mail I-20/DS2019 to the student? If NO, please provide us an address for I-20 delivery.		Yes	No
Name	Address	Phone	E-mail

Questionnaire completed by:			
Name:	Title:	Signature:	Date:
FOR UAFS International Office USE ONLY			
Evaluated By:	Initials		Date:
Remarks:			
FOR UAFS BUSINESS OFFICE USE ONLY			
Approved By:	Initials		Date:
Remarks:			
FOR UAFS Vice Chancellor OFFICE USE ONLY			
Approved By:	Initials		Date:
Remarks:			
Vendor Registration Number Allocated:		Not Approved:	<input type="checkbox"/>
Remarks:			

The completed form can be sent via email to: international@uafs.edu