The University of Tennessee at Chattanooga AGENT PROFILE FORM (APF) – FOR INTERNATIONAL STUDENT RECRUITMENT

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

(1) Company Name:	
(2) Address:	
(3) City:	(4) Year Company Established:
(5) Country:	(6) Number of Employees:
(7) Telephone:	(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 #
(B) Chief Executive Officer (1) Name:	(2) Title:
(B) Chief Executive Officer (1) Name: (3) Address:	(2) Title:
(1) Name:	(2) Title:
(1) Name: (3) Address:	
(1) Name: (3) Address: (4) City:	(5) Telephone:
(1) Name: (3) Address: (4) City: (6) Country:	(5) Telephone: (7)Fax:
(1) Name: (3) Address: (4) City: (6) Country: (8) Cell:	(5) Telephone: (7)Fax:
(1) Name: (3) Address: (4) City: (6) Country: (8) Cell:	(5) Telephone: (7)Fax: Email:
(1) Name: (3) Address: (4) City: (6) Country: (8) Cell: (C) Chief Financial Officer (1) Name:	(5) Telephone: (7)Fax: Email:
(1) Name: (3) Address: (4) City: (6) Country: (8) Cell: (C) Chief Financial Officer (1) Name: (3) Address:	(5) Telephone: (7)Fax: Email: (2)Title:

(D) US Market Manager

(1) Name:	(2) Title:
(3) Address:	
(4) City:	(5) Telephone:

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

(E) US Marketing Staff

(1) Name:	(2) Title:
(3) Address:	
(4) City:	(5) Telephone:
(6) Country:	(7) Fax:
(8) Cell:	(9) Email:

2. Profile

(A) Branch Information

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

(B) References

riease provide us two reid	erences in the US. (Please pro	ovide us the names	or the pe	isons at os	universities.	
University	Name of your contact	Title	E-mail		Phone #	
(1)						
(2)						
Have you ever worked wit	th universities in Tennessee?	If yes, please prov	ide name	s of the uni	versities.	
Name of University	Name of University	Name of University		Na	Name of University	
Top 5 names of the univer	sities you sent your students	(last three years)				
Country	Nar	Name of the university		# of students		
(1)						
(2)						

(3)				
(4)				
(5)				
(C) I-20/DS2019				
	us to mail I-20/DS20 provide us an addre		Yes	No
Name		Address	Telephone	E-mail
Questionnaire compl	eted by:			
Name:	Title:	Signature:	Date:	
Evaluated By:	FC	OR UTC International Office Initials	USE ONLY Date:	
Evaluated by.		mittais	Date.	
Remarks:				
	F	OR UTC BUSINESS OFFICE	USE ONLY	
Approved By:		Initials	Date:	
Remarks:				
	FOF	R UTC Vice Chancellor OFFI	CE USE ONLY	
Approved By:		Initials	Date:	
Remarks:				
Vendor Registration I	Number Allocated:		Not Approved:	
Remarks:				