

Forward Learning. Transforming People.

## EDUCATIONAL AGENT INFORMATION FORM

## TO BE COMPLETED BY THE AGENT:

| Name of Com                     | ipany/ 1 | Institution       | 1:           |      |               |                   |                                |
|---------------------------------|----------|-------------------|--------------|------|---------------|-------------------|--------------------------------|
| Address of Co                   | ompan    | y:                |              |      |               |                   |                                |
| Telephone:                      |          |                   |              |      | Email:        |                   |                                |
| Year Established:               |          | Registration Infe |              |      | on Info       | rmation attached. |                                |
| Name of President/Director      |          | Director:         |              |      |               |                   | Agreement Signing Person 🛛 Yes |
| Telephone:                      |          |                   |              |      | Email:        |                   |                                |
| Social Media ID:                |          | WhatsApp:         |              |      | _ 🗌 WeChat: _ |                   |                                |
| 01                              |          | 🗆 Line: _         | ne: 🛛 Skype: |      |               |                   | _                              |
|                                 |          | □ Other:          |              |      |               |                   |                                |
| Name of Direct Contac<br>Title: |          | act and           |              |      |               |                   | Agreement Signing Person 🛛 Yes |
| Telephone:                      |          |                   |              |      | Email:        |                   |                                |
| Social Media ID:                |          | WhatsApp:         |              |      | _ 🗌 WeChat: _ |                   |                                |
|                                 |          | 🗆 Line: 🗆 Sk      |              | уре: |               | _                 |                                |
|                                 |          | □ Other:          |              |      |               |                   |                                |

Please give a brief summary/profile of your company.

Please provide the contact information of the educational institutions you have dealt with in Canada - Name, email, and telephone:

## Proposed annual recruitment target for Laureate College:

| I confirm that all information given is correct. | Signature & Date: |
|--|-------------------|
| I confirm that all information given is correct. | Signature & Date: |

| FOR OFFICE USE ONLY |     |    |  |
|---------------------|-----|----|--|
| Approved            | Yes | No |  |

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