

Education Institution Questionnaire



OMB No.0625-0143 Expires: 9/30/2021

General Information

Date Completed:

Objective(s):

Country(ies) of Interest:

Contact Information

Educational Institution

Name:

Address
(including city, state, zip):

Website:

Primary Contact

Name:

Title:

Telephone:

Email:

Alternate Contact

Name:

Title:

Telephone:

Email:

Institution Information

Educational Institution:

Four-Year College/University

Graduate School/Program

Two-Year College

High School/Boarding School

English Language Program

Public/Private, Non-Profit

Other (please specify):

Private, For-Profit

Primary NAICs code¹:

Average Annual Revenue²:

Number of Undergraduate/Graduate Students:

Number of International Students on Campus:

Number of International Students from Country of Interest:

Description of Institution:

Accrediting Type and Body:

Are you currently working with a local U.S. Commercial Service Field Office? Yes No

If yes, please provide the following:

City:

Trade Specialist (name):

Please certify your institution size³: Small Medium Large

If you are unsure how to calculate your company size per SBA guidelines, please ask your local Trade Specialist.

Additional Information

Degrees Offered (check all that apply):

Certificates

Graduate

Associates

Doctorate

Bachelors

Other (please specify):

Describe the programs/degrees and any unique programs or characteristics.

¹ Only complete if a Private, For-Profit Institution

² Only complete if a Private, For-Profit Institution

³ Only complete if a Private, For-Profit Institution

Do you have the following available for international students?

Housing	Academic Scholarships
Financial Aid	Athletic Scholarships

What is the minimum TOEFL score required?

Do you accept IELTS? Yes No

Objectives

What type of contacts are you seeking?	School Administrators/Counselors	Institution for Joint Degree Program
	Recruiting Agents	Setting Up Overseas Campus
	Students/Parents	Government Offices
	Other (please specify):	

If setting up an overseas campus, please describe the financial benefits to the U.S.

Is your institution seeking representation on an exclusive basis in this market?

Describe any preferences, qualifications, servicing capabilities, requirements or pre-qualifications that ideal prospects must have, such as English language ability, etc.

Please list any specific educational institutions, associations, agents, etc., that you would like us to contact.

Please list any specific educational institutions, associations, agents, etc., that we should NOT contact.

Local Partner Information *(if applicable)*

Is your institution currently represented in this country/region? Yes No

If yes, is this arrangement exclusive? Yes No

If applicable, please provide the necessary contact information of your current representative/partner:

Company/Institution Name:

Headquarters Address
(including city, state, zip):

Website:

Contact Name:

Contact Title:

Contact Telephone:

Contact Email:

Is your representative/partner aware you are seeking additional representation?

Yes No

Logistical Information *(if applicable)*

Desired Dates for Service:

Alternative Dates:

Desired Location(s):

Additional Services or Assistance Required:

Public reporting for this collection of information is estimated to be 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230. OMB No.: 0625-0143, Expires: 07/31/2018

Your satisfaction is our top priority. Please inform us of any questions or concerns and we will work quickly and effectively to meet your needs.

We will protect business confidential information to the extent provided under Federal law.