

EDUCATION AGENT REFERENCE FORMPlease email completed form to info@griffin.edu.au

Agency Name _____

Referee Name and Position _____

Institution Name & Contact Details _____

How long has this agency worked with your institution _____

How many students has this agency provided in the last year

1-10

11-20

21-30

30+

How was the overall academic performance of this agency's students

Poor

Fair

Good

Excellent

Does this agency respect the internal policies of your institute?

Yes

No If no, please explain.

Does this agency provide care for students after they have enrolled

Would you recommend this agency

Yes

No

Have you ever had a problem with this agency? If yes, please explain.

Yes

No

Name _____

Signature _____

Date / /