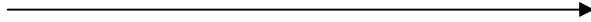


Agent Summary Form



ITC House, 9 City Road
PO Box 6009• Auckland
Ph (09) 373 5510
Fax (09) 373 5757
college@itc.co.nz
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Agency Name:		Agent Name:	
Student Name:		Date:	



We would like to introduce the following student to you with a view to enrolling on a course of study with ITC. The following information is based on our knowledge of this student.

Does the student meet the College entry criteria? YES/NO
(Age, English language and general education)

Student Education (*write details below*)

Which course is this student interested in:

- Certificate in Travel & Tourism
- Certificate in International Travel, Tourism & IT
- Diploma in Tourism & Travel Management – Level 5
- Diploma in **International** Tourism & Travel Management – 2yr Diploma
- Diploma in **Advanced** Travel & Tourism Management – 2yr Diploma

English Language Skills:

Please provide information here of this students spoken English levels and English language qualifications

Please provide information here of this student's written English levels

Have you verified this student's English and/or Educational Achievements?

YES/NO

Please explain briefly why the student is considering studying travel and tourism and how they think such a course may help with their career goals?

Please note that prior to enrolment we must sight and verify all students' English language and educational achievement documents.