

Agent Commission Form

Date: _____(MM/DD/YYYY)

AGENCY INFORMATION:

Name of Agency: _____

Fontbonne ID#: _____

Contact Given Name: _____

Contact Family Name: _____

Contact Email: _____

Contact Phone: _____

STUDENT INFORMATION:

Student Given Name: _____

Student Family Name: _____

Fontbonne ID #: _____

Semester Start Date: FALL SPRING SUMMER YEAR: _____

Program: ESL Undergraduate Graduate

Degree/Major: _____

COMMISSION INFORMATION:

Amount to be Paid: _____ USD

Payment Information: Wire or Check

Payment Directions:

Signature: _____

* IMPORTANT: please refer to contract for specifics regarding minimum enrollment requirements for payment. Commission requests are reviewed before approval, and once approved remittance is within 90 days.

