

School of International Studies



Proposal Form

*Name of Company: _____

*Name of Contact: _____

Address: _____
street/PO box #

city/town

state/province

zip code

country

Phone #(s): _____ Fax: _____
home/land line cell/business

*E-mail: _____

*Web site: _____

** required fields to complete*

1. How many years ago was your organization founded? _____

2. Do you charge students a consulting fee? YES NO How much is it? _____

3. How many students did you send to U.S. institutions last year? _____

4. Are you a member of NAFSA? YES NO

5. Do you currently work with any U.S. colleges or universities? _____

6. What are the names of the U.S. colleges or universities with which you have worked?

Organization: _____

Contact Name: _____

E-mail or Phone #: _____

Organization: _____

Contact Name: _____

E-mail or Phone #: _____

continued . . . (over)



For more information about the
School of International Studies visit:

www.smcvt.edu/sis

Description of proposal:



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SAINT MICHAEL'S COLLEGE

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