

## **NOMINATE OR CHANGE AGENT - REQUEST FORM**

By completing the Agent Nomination Form, you are advising the University of Adelaide of your intent to nominate an agent or appoint a new agent to represent you in your application to study at the University. Your application will be subject to an assessment by the University's International Recruitment Team. A final decision will be made after a thorough assessment.

Please note that we require an email attached from the student requesting the change and the reason why for this change to be considered.

Please write in BLOCK LETTERS using blue or black pen. Please email the completed form to start@adelaide.edu.au.

**Applicant Details:** 

Student ID / SATAC Reference no.:	
Program Student is applying for:	
Student Family Name:	
Student Given Name:	
Student Date of Birth (dd/mm/yy):	
Student Email:	
Student Telephone Number:	
Agent Details:	
Current Agent: - If Applicable	
(Company name, branch, branch address and telephone)	
New Agent:	
(Company name, branch, branch address and telephone)	
Please explain <u>in detail</u> why you want to nominate or change Agents:	



The following checklist assists the University in understanding the level of service provided by the new agent. Please  $\checkmark$  the stages in which the new agent directly assisted the student's application.

	Application Submission	Offer of Enrolment	Acceptance of Enrolment	Confirmation of Enrolment	Visa Application		
	ENT DECLARATION						
prov	rided is correct and all		thority of the student identific to have provided are true. I rm upon request.				
Student's request email attached							
Age	Agent's Signature: Date:						
STUDENT DECLARATION & CONSENT:							
I,			(print student na	_ (print student name), declare that I have appointed			
Ade has	laide. I consent to the been submitted.	University of Adelaide disclo	(agent name), to act as n sing, to any previously nomi	ny agent for my enrolment a nated agent(s), that a new a	at the University of agent nomination request		
Student Signature:			Date	Date			
FOR INTERNAL USE ONLY: Assessment and due diligence checks							
Approve		Reject	Reject				
Co	omments:						

Signature

Date

CRICOS 00123M

Regional Manager's Name