Change of Agent

THIS FORM VERIFIES THAT THE STUDENT BELOW HAS NOMINATED
Agent Name: _____ as his/her authorised agent.

STUDEN DETAILS
Student ID: _____
Family Name: _____   Give name(s): _____
Date of birth: _____
Course Name: _____   Course Code: _____
Course Start Date: _____

PREVIOUS AGENT DETAILS
Agent Name: _____
Agent Address:
_____
Country: _____   Postcode: _____

NEW AGENT DETAILS
Agent Name: _____   Position Title: _____
Contact Person: _____
Signature: Date: _____
_____

STUDENT DECLARATION
I (Student Name): _____   Confirm that (new Agent Name): _____
Agent Location: _____   Is my new Agent: _____
Student Signature: _____   Date: _____