



CHANGE OF AGENT REQUEST FORM

Please Note:

Applications for agent change allow for 3 working days for processing.

Student Name:	Student No:	Date: / /	
	Student Date of Birth	Date: / /	
Student Email:	Mobile:		
Student Address:			
Postcode:			

Original COE (original information)

Course Name:	Course Code:	
Course Start Date:	End Date:	
Class No:		

Proposed New Agent: (please tick)

I have notified my OLD Agent via email that I will not continue to use their services <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for change of Agent:	
NEW Agent Details - Agent Name:	
Contact Person Name:	Contact Phone Number:
Student Signature:	Date:

Office Use Only

MARKETING
OLD Agent has been contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of Discussion:
NEW Agent has been contacted <input type="checkbox"/> Yes <input type="checkbox"/> No Summary of Discussion:
Reviewed and Approved by: Administration Manager: _____ Date: / /