



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: / /