

CHANGE OF AGENT APPLICATION FORM



Deakin University
Deakin International
Melbourne Burwood Campus
221 Burwood Highway
Burwood, Victoria 3125, Australia
www.deakin.edu.au/international

THIS FORM VERIFIES THAT THE STUDENT BELOW HAS NOMINATED

Agent Name _____ as his/her authorised agent.

STUDENTS DETAILS

Deakin Student ID

Family name _____ Given 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 _____

Contact Person _____ Position Title _____

Signature _____ Date / /

STUDENT DECLARATION

I (Student Name) _____ confirm that (New Agent Name _____) in _____

(Agent location) _____ is my new Agent.

Student's signature: _____ Date: / /

Please email the completed form to deakin-int-admissions@deakin.edu.au

DEAKIN INTERNATIONAL USE ONLY

Approved Not approved Commission allocation _____

IM Signature _____ Date: / /

Name of IM _____

Comments _____