

CHANGE OF EDUCATION AGENT REQUEST FORM



STUDENT DETAILS

First Name: _____ Family Name: _____

Student ID: _____ Date of birth: ____/____/____

Current Agent Company Name: _____

Branch: _____

Did you inform your current agent about your intention to change agent: Yes No

Please explain why you want to change your Agent:

NEW AGENT DETAILS

Agent Company Name: _____

Branch: _____

Staff Name: _____ Email address: _____

Work Phone: _____ Mobile: _____

DECLARATION

- I am aware If my application is approved, Griffin College will inform me, my current Agent and my new Agent of the change.
- I understand that if I have already paid for my fees or part thereof and received a Confirmation of Enrolment (CoE) for my course of study, no change of Agent will apply for that course of study.

Applicant's Signature _____ Date: ____/____/____

OFFICE USE ONLY

Received by: _____ Date received ____/____/____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Advised current agent by: _____ Date ____/____/____	<input type="checkbox"/> Notify student by email
	<input type="checkbox"/> Notify new agent by email