



CHANGE OF AGENT REQUEST FORM

Incomplete form is not acceptable

Note: Student must complete and sign the form
Second agent must complete and sign the form

The completed form must be submitted to Australian College of the professions before a change of agent will be made to the Australian College of the professions database.

Please return the form by:

- ✓ Fax: + 61 2 8117 9029
- ✓ Email: info@professions.edu.au

Student Section:

Student ID : _____ D.O.B _____
Given Name: _____ Family Name _____
Course Applied For: _____

Reason (s) for change of AGENT

Sign: _____ Date: _____

Agent that has taken over the Application:

Agency Name: _____

Name Of Agent: _____

I understand that the student named above was previously assisted by another agent. By signing this I understand that I am taking over the responsibilities for this student's application.

Sign: _____ Date: _____

On receipt of the completed form,

1. The agent for this student will be changed in the Australian College of the professions Database from Agent 1 to Agent 2.
2. All future correspondence in relation to this application will then be sent to Agent 2.
3. Any commission payment due in relation to this application will be paid to Agent 2 .