

Instructions

This form is for a current, or former, student who wishes to apply to change their education agent.
This form must be completed by the student.
When completed and signed, email to info@capital.edu.au

Part A: Student Details

Student Last Name	
Student First Name	
Student Date of Birth	
Student ACC ID Number	
Student email	
Student phone	

Part B: Existing Agent Details

Agent Business Name	
Contact person	
Agent phone number	
Agent email address	

Part C: Explain the reasons you are applying to change agents

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Part D: New Agent Details

Agent Business Name	
Contact person	
Agent phone number	
Agent email address	

Part E: Declaration and signature by student

- I have completed this form myself.
- I authorise the agent in Part D to represent me in all dealings with the College regarding my application.
- I acknowledge that the College reserves the right to reject this request for the agent to act on my behalf.
- I understand that the College may discuss this application with my existing agent.

Student signature	Date

Part F: College staff to complete

Details of contact with existing agent (name / date / notes) & reason(s)		
<input type="checkbox"/> recommended <input type="checkbox"/> NOT recommended	Signature	Date