

AGENT NOMINATION FORM

This form must be completed by an Authorised Representative of the University of New South Wales (UNSW) or UNSW Global to advise the University of the **new appointment** or **change in representation** for a student's application. Please note that all Agent Nomination Forms must be accompanied by the most recent correspondence regarding the student's application (e.g. UNSW offer letter, conditional offer letter, application progress letter etc). Forms should be submitted to studentcommissions@unsw.edu.au before a student enrolls in a program.



STUDENT DETAILS

Family Name	Given Names
Date of Birth	UNSW Student ID
Program Name/s	
Program Code/s	Commencing Semester
Email	Phone

Has the student submitted an application through the Universities Admissions Centre (UAC)? _____
If yes, please provide UAC ID. _____

PLEASE SELECT **ONE** FROM THE FOLLOWING OPTIONS.

OPTION 1: THIS IS A REQUEST FOR A **CHANGE IN REPRESENTATION** FROM THE STUDENT'S CURRENT AGENT TO THE AGENCY DETAILED BELOW.

Current Agent

Reason for Change of Agent

OR

OPTION 2: THE STUDENT DOES NOT CURRENTLY HAVE AN AGENT. THIS IS A REQUEST TO BE APPOINTED AS A NEW AGENT FOR THE STUDENT.

AGENT DETAILS

Agency Name	Contact Person
Office Address	
Email	Phone

THE FOLLOWING CHECKLIST ASSISTS THE UNIVERSITY IN UNDERSTANDING THE LEVEL OF SERVICE PROVIDED BY YOUR AGENCY. PLEASE SELECT (FROM 1-5) ALL STAGES THAT YOUR AGENCY DIRECTLY ASSISTED IN FOR THE STUDENT'S APPLICATION.

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|----------------------------|-----------------------|----------------------------|------------------------------|---------------------|
| 1. Application Submission: | 2. Offer of Enrolment | 3. Acceptance of Enrolment | 4. Confirmation of Enrolment | 5. Visa Application |
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AGENT DECLARATION

I DECLARE THAT THIS FORM HAS BEEN SUBMITTED WITH THE AUTHORITY OF THE STUDENT IDENTIFIED IN THIS APPLICATION. I DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND ALL SERVICES THAT I HAVE CLAIMED TO HAVE PROVIDED ARE TRUE. I AM ABLE TO PROVIDE PROOF OF DOCUMENTATION TO THE UNIVERSITY TO VERIFY ANY INFORMATION CONTAINED IN THIS FORM SHOULD I BE REQUIRED.

Counselor

Date

SUBMIT