Change of Agent Nomination form

By completing the Change of Agent Nomination Form, you are officially advising Swinburne University of Technology of your intent to nominate an agent or new agent to represent you in your application to study at Swinburne University of Technology.



PLEASE NOTE, NO HANDWRITTEN FORM WILL BE ACCEPTED AND ENSURE ALL SECTIONS ARE COMPLETED.

APPLICANT DETAIL	S
Family name:	
Given name:	
Date of birth:	
Student ID	
Email address:	
Address:	
Telephone number	
AGENT DETAILS	
Current Agent:	
current/tgent.	
Nominated Agent:	Agent Branch:
Counsellor Name	Email ID:
	
Resons for changing	
Agent:	
APPLICANT DECLAR	ATION AND SIGNATURE
I would like to nominate the above agency to represent me in my application to study at Swinburne University of Technology.	
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Signature of Student	Date

PRIVACY

Swinburne University of Technology collects, uses and destroys your information in accordance with our Privacy Policy, which can be found at https://www.swinburne.edu.au/privacy

If you have any queries relating to information included on this form please write to the Admission Officer in the unit to which you submit this form.