



## Appointment of Agent/Change of Agent Notification Form

Please complete this form and send to [admissions@albrightinstitute.edu.au](mailto:admissions@albrightinstitute.edu.au)

Student Details			
Student Name			Title Mr. Mrs. Ms. Miss.
Student ID		Date of Birth	

Current Agent Details	
Agency Name	Agency Phone Number
Agency Address	
Agency Email Address	
Did you inform your current agent of your intention to change agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your agent agree to the change of agent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please explain why you would like to change your agency?	

New Agent Details	
Agency Name	Agency Phone Number
Agency Address	
Agency Email Address	
Agency staff member name	

Declaration			
Please note it is the student's responsibility to advise their current agent of their request to change to a new agent before submitting this form. If you have already paid your fees and received a Confirmation of Enrolment (CoE) no commission will be paid to the new agent.			
Student signature		Date	

For Office Use			
Received by	Date	Outcome	Notifications
		<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	<input type="checkbox"/> Notify students via RTOM <input type="checkbox"/> Notify the new agent by email