



CHANGE OF AGENT NOTIFICATION

Student details	Please complete this form and send to admissions@viite.edu.au						
Student Name:	Title			☐ Miss	☐ Ms	☐ Mrs ☐ Mr	
Student ID:	Date of Bir		of Birth:	1		/	
Current Agent De	etails						
Agency Name:				gency Phone Number:			
Agency Address:							
Agency Email Address:							
Did you inform your current agent of your intention to change			gent?	☐ Yes	□ N	lo	
Does your agent agree to the change of agent?				☐ Yes		lo	
Please explain why you would like to change your agency?							
New Agent Details							
Agency Name:	gency Name: Agenc			Phone Number:			
Agency Address:							
Agency Email Address:							
Agency staff member name:							
	tion nt's responsibility to advise their our fees and received a Confirmat	_				-	
Student signature:		Date	e	/	/		
For office use only							
Received by:	Date:	Outcome:		Notifications:			
	/ /	Approved / Rejected		 Notify the Accounts department Notify students via Email Notify the new agent by Email 			