

 **Student details** Please complete this form and send to admissions@albrightinstitute.edu.au

Student Name	Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> 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	

Student 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DAY	MONTH	YEAR			

For office use only

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

Once printed this is an uncontrolled document