

## **CHANGE OF AGENT**

## Form must be completed in full — incomplete form will not be processed

Personal Details		
Date:		
This is to certify that	(student name):	
Student ID Number (i	f applied):	
Date of birth:		
Currently enrolled in	(course name):	
at Mars Institute is re	questing to change his/her education/	migration agent from
(name of current age	nt):	
to (name of newly ap	ppointed agent):	
The reason(s) t	o request this change is/are	:
Evidence attached:	O Yes O No	
Declaration		
<ul><li>I declare that all the</li><li>I declare that I have</li></ul>	nformation supplied by my self on this be documentation accompanying my a e notified my previous agent about thi e full responsibility about any effect se	pplication is true and correct.
Student Signature:		Date:
**Mars Institute reserves	_	ident has been issued with a CoE with Mars Institute, the change of agent will not proceed. sons provided are considered as unacceptable conduct on this agent's behalf. sedu.au or contact us +61 3 9645 2259.
Office use only		
Approved	○ Not Approved	
SMS Updated	O Departments Notified	Staff Signature: