

FORM MUST BE COMPLETED IN FULL — INCOMPLETE FORMS WILL NOT BE PROCESSED

Date: ____ / ____ / ____

This is to certify that (student name): _____

Student ID Number (if applied): _____

DOB: _____

Currently enrolled in (course name): _____

at Greenwich College is requesting to change his/her education/migration agent form

(name of current agent):

to (name of newly appointed agent):

THE REASON(S) TO REQUEST THIS CHANGE IS/ARE:

Evidence attached: Yes No

DECLARATION*I declare that the information supplied by me on this form is true and correct.**I declare that all documentation accompanying my application is true and correct.**I declare that I have notified my previous agent about this change.*

Student Signature

____ / ____ / ____
Date

*This request will be only considered at the Offer Letter Stage. If the student has been issued with a CoE with Greenwich College, the change of agent will not proceed.

**Greenwich College reserves the right not to approve this request if the reasons provided are considered as unacceptable conduct on the agent's behalf.