

## FORM MUST BE COMPLETED IN FULL - INCOMPLETE FORMS WILL NOT BE PROCESSED

PERSONAL DETAILS										
Date://										
This is to certify that (stu	udent nam	e):								
Student ID Number (if a	oplied):									
Date of birth:/_	/									
Currently enrolled in (co	ourse name	ə):								
at Greenwich College is	requesting	g to change hi	s/her educat	ion/migrati	on agrent from	n				
(name of current agent	):									
to (name of newly appo	inted ager	nt):								
		Т	HE REASON	(S) TO REQ	UEST THIS C	HANGE IS/A	RE:			
Evidence attached:	Yes	No								
				DECL	ARATION					
I declare that the inform	nation sup	plied by my o	n this form is	s true and c	orrect.					
I declare that all the do	-					ct.				
I declare that I have no		=								
		Ū		•						
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 this agent's behalf.