Please complete this form and send to admissions@aidt.edu.au ☐ Miss



Student Name:

www.aidt.edu.au 1300 561 248

admissions@aidt.edu.au

Mrs

Mr



Student details

Student ID:			Date of Birth	· 1	/		
Current Agent Details							
		C	arrent Agent L	etalis			
Agency Name:				Agency Pho	Agency Phone Number:		
Agency Address:							
Agency Email Addre	ess:						
Did you inform you	r current agent	of your intention to change agent?					
Does your agent ag	ree to the cha	nge of agent?		☐ Ye	☐ Yes ☐ No		
Please explain why	you would like	to change your a	igency?				
New Agent Details							
Agency Name: Age	ency			Agency Pho	Agency Phone Number:		
Address: Agency Email					<u> </u>		
Address:							
Agency staff member name:							
Student Dec	laration						
			current agent of their requation of Enrolment (CoE) r	-	-	-	m.
Student Signature:				Date:	/	1	
For office use	only						
Received by: Date:		Outcome:		Notifications:			
	,	, ,	Approved Rejected	□ No	☐ Notify students via Email		
				•			