

AGENT NOMINATION FORM

This form is to be completed when a student has submitted an application by themselves and then wishes to appoint an agent. *Please return this form to international@vuw.ac.nz or your Recruitment Manager at VUW once completed.*

PART 1: TO BE COMPLETED BY THE <u>STUDENT</u>	
DATE	
NAME	
DATE OF BIRTH	
STUDENT ID if known	
EMAIL	
NEW AGENCY	
Why have you decided to appoint this agent?	
How did you find out about this agent?	
<input type="checkbox"/> Yes, I certify that I wish to appoint the new agency named above to act on my behalf as an agency service provider.	
SIGNATURE (Student) _____ DATE _____	

PART 2: TO BE COMPLETED BY THE <u>AGENCY</u>	
On behalf of my agency, I confirm the student named above has entered a relationship with our agency.	
AGENCY NAME	
AGENT NAME Completing this form	
EMAIL	
SIGNATURE Affix Company stamp	
DATE	

INTERNAL USE ONLY – FOR VICTORIA UNIVERSITY OF WELLINGTON	
Date Received	
Date Actioned	
Actioned By	
Decision	