

# CHANGE OF AGENT FORM

This form is to be completed when a student who uses services from an agency wishes to change to another agency. Please return this form to [international@vuw.ac.nz](mailto: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	
CURRENT AGENT	
Why have you decided to change agents?	
<input type="checkbox"/> Yes, I certify that I have informed my current agency service provider that I wish to end my relationship with them.	
SIGNATURE (Student) _____ DATE _____	

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

PART 3: TO BE COMPLETED BY THE <u>NEW</u> AGENCY	
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	