



Queensland University of Technology
 QUT International
 GPO Box 2434
 Brisbane QLD 4001 Australia
 Email: qut.agentsupport@qut.edu.au
 CRICOS No. 00213J

Agent Stamp

Request to Represent Student

Form
CA

Date Received

PART A REQUEST

1 Student Details

Student Number (if known) Male / Female
 Surname Given Name(s)
 Date of Birth Country of residence
 Contact Telephone Mobile/ Cell
 Email Address

2 QUT Course Details

QUT Course Code QUT Course Title
 Expected commencement semester Year

3 New Agent Details

Agency Name
 City Country
 Staff name completing this form Contact Telephone
 Mobile/Cell Email Address

I confirm that our agency has encouraged the above student to return to previous agent (sign): _____

4 Student Declaration

I, (insert name) _____ would like to request to change my agent from (insert current agent) _____
 to (insert new agent) _____.

I understand that it is the discretion of QUT to approve this request. I give permission for QUT to contact me if necessary.

I have attached my statement containing the reasons for the change of agent. (Note: This Request cannot be considered without statement attached).

(Student to sign): _____ Date: _____

ATTENTION AGENT STOP HERE! Please email this form to qut.agentsupport@qut.edu.au.

PART B APPROVAL

5 Approval to Represent (QUT Office Use Only)

QUT Regional Manager to complete this section only.
 I approve the change of agent request.
 I do not approve the change of agent after investigating the student case.

Regional Manager to sign: _____ Date: _____

QUT Regional Manager Checklist
 Send separate emails to both agents and the relevant SBS Team informing them of the decision.
 File CA form in TRIM
 Update record of agent change on SharePoint (Agent Management site)