

Authorised Representative Nomination Form

Never Stand Still

This form must be completed by an Authorised Representative of the University of New South Wales (UNSW) to advise the University of the **new appointment** or **change in representation** for a student's application to study at UNSW.

Forms should be submitted to **studentcommissions@unsw.edu.au** before a student enrolls in a program.

Student Details

| | | | |
|--|--|---------------------|--|
| Family Name | | Given Names | |
| Date of Birth | | UNSW Student ID | |
| Program Name | | | |
| Program Code | | Commencing Semester | |
| Email | | Telephone | |
| Has the student submitted an application through the Universities Admissions Centre (UAC)? | | | |
| If yes, please provide UAC ID. | | | |
| PLEASE SELECT ONE FROM THE FOLLOWING OPTIONS. | | | |
| OPTION 1: <input type="checkbox"/> THIS IS A REQUEST FOR A CHANGE IN REPRESENTATION FROM THE STUDENT'S CURRENT AGENT TO THE AGENCY DETAILED BELOW. | | | |
| Current Agent | | | |
| Reason for Change of Agent | | | |

Or

| | |
|---|--|
| OPTION 2: <input type="checkbox"/> THE STUDENT DOES NOT CURRENTLY HAVE AN AGENT. THIS IS A REQUEST TO BE APPOINTED AS A NEW AGENT FOR THE STUDENT. | |
|---|--|

Agent Details

| | | | | |
|--|--------------------------|----------------------------|------------------------------|--------------------------|
| Agency Name | | Contact Person | | |
| Office Address | | | | |
| Email | | Telephone | | |
| THE FOLLOWING CHECKLIST ASSISTS THE UNIVERSITY IN UNDERSTANDING THE LEVEL OF SERVICE PROVIDED BY YOUR AGENCY. PLEASE SELECT (FROM 1-5) ALL STAGES THAT YOUR AGENCY DIRECTLY ASSISTED IN FOR THE STUDENT'S APPLICATION. | | | | |
| 1. APPLICATION SUBMISSION | 2. OFFER OF ENROLMENT | 3. ACCEPTANCE OF ENROLMENT | 4. CONFIRMATION OF ENROLMENT | 5. VISA APPLICATION |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Agent Declaration

| | | | |
|--|--|------|--|
| <input type="checkbox"/> I DECLARE THAT THIS FORM HAS BEEN SUBMITTED WITH THE AUTHORITY OF THE STUDENT IDENTIFIED IN THIS APPLICATION. I DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND ALL SERVICES THAT I HAVE CLAIMED TO HAVE PROVIDED ARE TRUE. I AM ABLE TO PROVIDE PROOF OF DOCUMENTATION TO THE UNIVERSITY TO VERIFY ANY INFORMATION CONTAINED IN THIS FORM SHOULD I BE REQUIRED TO. | | | |
| Name | | Date | |

An email will be automatically generated with the PDF attachment of your completed form.

To complete the process, ensure that the form is directed to **studentcommissions@unsw.edu.au**.

SUBMIT