

ACU Agent Nomination Form

This form is to be used by Australian Catholic University applicants to nominate, change or remove an approved agent representative to assist with a course application to ACU. Please note:

- This form is for applicants applying for admission to ACU as an International Student.*
- This form is to be completed by the applicant and sent from the applicant's personal email directly. This must be the email ID provided in the application for admission.
- ACU reserves the right to reject this request depending on the reason and the service level provided.
- Incomplete applications will not be processed.
- Please email the completed form or any enquiries to international.admissions@acu.edu.au

*Note: An international student is one who is not an Australian Citizen, Australian Permanent Resident, Australian Humanitarian visa holder or a New Zealand Citizen.

APPLICANT (STUDENT) DETAILS			
ACU applicant ID:		ACU online application ID:	
Family name:		Given name(s):	
Date of birth:		Applicant email:	
PREVIOUS AGENCY REPRESENTATIVE INFORMATION (IF ANY)			
Name of previous agency:		Branch location:	
Email address:		Telephone:	
NEW AGENT CONTACT DETAILS			
Name of agency:		Branch location:	
Email address:		Telephone:	
REASON FOR CHANGE			
Which one of the options below best describe your situation? Please select one.			
Add an agent representative. I applied directly to ACU. I am now seeking to appoint an agent representative.			
Change of agent representative. I want to remove my previous agent representative and appoint a new agent representative.			
Remove an agent representative. I want to apply directly to ACU.			
What is the reason for seeking a change of agent representative or removing an agent representative? Please select one:			
Agent representative provided incorrect or misleading information.			
Agent representative is not responsive to my requests.			
Other:			
STUDENT DECLARATION			
I hereby certify that:			
The information I have provided on this application form is correct and complete.			
I have contacted my previous agent to notify them that I am seeking representation by a new agent.			
I authorise the University to contact the above nominated agent and obtain further information with respect to my application.			
I acknowledge that the submission of incorrect or incomplete information may result in a cancellation of enrolment at any stage.			
First name:		Last name:	
Applicant signature:*		Date:	
<small>(Under 18 applicants – parents or legal custodian's signature)</small>			
* For electronic submission, you must type your full name in the student signature box. Typing your name is considered as your formal signature on the Student Declaration and can only be accepted when this form is submitted via your personal email directly, which must be the email ID provided in the application for admission.			
ACU INTERNAL USE			
Approved:	Yes	No	Name (of person approving):
Signature:			Date:
Comments:			

Privacy: ACU is committed to ensuring the privacy of all information it collects. Personal information supplied to the University will only be used for administrative and educational purposes of the institution. Personal information collected by the University will only be disclosed to third parties with the written consent of the person concerned, unless otherwise stated by law. For further information please see the University's Statement on Privacy: acu.edu.au/privacy