

CANBERRA VALLEY INSTITUTE RTO Code: 41498 CRICOS Code: 03937D Suite 4, Level 3 15 Moore St. Canberra ACT 2601 Phone: 1800 003 363 Email: info@cvi.edu.au Website: www.cvi.edu.au

For-006 Change of Agent Request Form

Note: Canberra Valley Institute will process your agent request however requesting a change of agent during the application process may cause a delay in the Application outcome.

Your application will be subject to an assessment by Canberra Valley Institute's admission team. An interview, either by phone or in person, may be conducted by a college representative to assist with making the final decision.

Applicant details			
Surname:	Date of Birth:	/	/
First Name:	Student ID:	; 	
Phone number	Email Address:		
Address:			
Course Name:			
Agent details			
Current Agent:			
Please write a she agent:	ort paragraph outlining the reason why you are requesting to	change to ano	ther
Nominated Agent:			
Nominated Agent branch address:			

Document Name:	For-006 Change of Agent Request Form 2.0	Created Date:	4/10/2021
Document No:	Version No: 2.0 Jan 2025	Last Modified Date:	10/01/2025
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Please write a short paragraph outlining the reason why you believe this agent should be your nominated agent:					
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How did you find	out about the new agent? (Web,	word of mouth, contact by th	e agent, other):		
	ation and signature				
	successful, I request that the above plication to study at the Canberra		d on my behalf in		
I give my conser	t to the Canberra Valley Institute t	to disclose my personal inform	ation to the above		
Nominated Age	t for the purposes of my applicati	on.			
Student signed:		Date:	/ /		
Approved By:					
(Print name)					
Officer signed:		Date:	/ /		

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