

# AGENT NOMINATION FORM



VICTORIA UNIVERSITY OF  
**WELLINGTON**  
TE HERENGA WAKA  
NEW ZEALAND

This form is to be completed when a student has applied to the university by themselves and then wishes to appoint an agent, or has used services from an agency and now 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 Victoria University of Wellington once completed.

## PART 1: TO BE COMPLETED BY THE STUDENT

|                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name                                                                                                                                         |  |
| Date of birth                                                                                                                                |  |
| Student ID (if known)                                                                                                                        |  |
| Email address                                                                                                                                |  |
| Name of appointed agency                                                                                                                     |  |
| How did you find out about this agent?                                                                                                       |  |
| Why have you decided to appoint this agent?<br><br>*If you are changing your agent, please tell us why.                                      |  |
| <input type="checkbox"/> Yes, I certify that I wish to appoint the new agency named above to act on my behalf as an agency service provider. |  |
| Date                                                                                                                                         |  |
| Signature                                                                                                                                    |  |

\*We may contact your previous agent or request more information before making a decision on your request to change agents.

## PART 2: TO BE COMPLETED BY THE AGENCY

|                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> On behalf of my agency, I confirm the student named above has entered a relationship with our agency. |  |
| Agency name                                                                                                                    |  |
| Agent name                                                                                                                     |  |
| Branch office (if applicable)                                                                                                  |  |
| Email address                                                                                                                  |  |
| Date                                                                                                                           |  |
| Signature                                                                                                                      |  |

## INTERNAL USE ONLY – FOR VICTORIA UNIVERSITY OF WELLINGTON

|               |  |
|---------------|--|
| Date received |  |
| Date actioned |  |
| Actioned by   |  |
| Decision      |  |