

Agent Nomination Form

I, _____ authorise

(Applicant Name)

_____ of (Branch and Location):

(Official Agent Email Address)

to submit an application for a graduate research program at Adelaide University on my behalf.

I understand that any communication and information from the University relating to my application will be forwarded directly to my nominated agent and that I will be included in all communications.

If applicable, I consent to the University disclosing to any previously nominated agent(s) that a new agent nomination request has been submitted. My reasons for nominating a new agent are:

Applicant Endorsement_____
Applicant Name:_____
Signature:_____
Date:**Applicant Registration Number:**
_____**Agent Endorsement**_____
Counsellor Name:_____
Signature:_____
Date:**Official Agent Stamp**

Note: This Agent Nomination Form will not be accepted unless the official agent stamp appears below.

Further Information:**research.admissions@adelaideuni.edu.au**