



## **Agent Nomination Form**

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(Applicant Name)	_	
(A rest News)	(Duranah and Lagation).	
(Agent Name) of	(Branch and Location):	
(Official Agent Email Address	ss)	
(Grindian riggina Errian riagno		
to submit an application for	r a graduata rasparah pragram at Adalaida Univ	oroity on my bobolf
	r a graduate research program at Adelaide Universität	-
	nunication and information from the University I	= -
communications.	ed directly to my nominated agent and that I will	be included in all
COMMUNICATIONS.		
If anniinable I compone to the	a Università di alacianta any maniavaly mania	-+
	le University disclosing to any previously nomina las been submitted. My reasons for nominating	
ugent normation request i	ndo been oubtriced. My redoons for norminating	a new agent are.



Return the completed form to the Adelaide University Graduate Research School research.admissions@adelaideuni.edu.au

research.admissions@adelaideuni.edu.au

Applicant Endorsement		
Applicant Name:	Signature:	 Date:
Applicant Registration Number:		
Agent Endorsement		
Counsellor Name:	Signature:	 Date:
Official Agent Stamp		
Note: This Agent Nomination Form will no below.	ot be accepted unless the off	ficial agent stamp appears
	Further Inforn	nation: