

**Required Additional Information**

|  |  |
| --- | --- |
| Date of birth: |  |
| Country of birth: |  |
| Address: |  |
| Country of residence: |  |
| Nationality: |  |
| Disability: |  |
| University Information: | Start Date: | End Date: | Level: | Degree name: | Grade: |
| Referee contact details:  |  |
| How many other institutions are you applying to this year? |  |



**AGENT AUTHORISATION FORM**

 I am requesting that a QMUL agent provides me with counselling/advice regarding my application/visa (delete as appropriate).

|  |  |
| --- | --- |
| Full Name |  |
| Application ID number (if known) |  |
| Programme applied for |  |
| Nationality |  |
| Proposed agent | CEG Queen Mary Online |
| Proposed agent email address | SIgbinidu@online.qmul.ac.ukathacker@online.qmul.ac.uk |

Upon receipt of the agent authorisation form, I authorise the above named agent to act on my behalf for all matters that concern my application to QMUL. All future correspondence concerning my application will be sent to the named agent.

Signature: Date: