

Date: / This is to certify that (student name):	FORM MUST BE	COMPLETED IN FULL - INC	OMPLETE FORMS WILL NOT	BE PROCESSED	
Student ID Number (if applied): DOB: Currently enrolled in (course name): at Greenwich College is requesting to change his/her education/migration agent form (name of current agent): to (name of newly appointed agent): THE REASON(S) TO REQUEST THIS CHANGE IS/ARE: Evidence attached: Yes No Ideclare that the information supplied by me on this form is true and correct. I declare that the information supplied by me on this form is true and correct. I declare that all documentation accompanying my application is true and correct. I declare that all documentation accompanying my application is true and correct. I declare that all documentation accompanying my application is true and correct. I declare that all documentation accompanying my application is true and correct. I declare that all documentation accompanying my application is true and correct. I declare that I have notified my previous agent about this change.	Date: / /				
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	ABN 31 114 584 940 CRICOS Provider Code 0267K RTO 91153		Malkana C	groonwich college advess	

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