



enquiries@mmc.edu.au | enquiries@langford.edu.au

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CHANGE OF AGENT NOTIFICATION

CHOOSE YOUR	COLLEGE: Melb	ourne Metropolitan Colle	ge 🔲 Langford E	English College
Student details	Please complete this t	orm and send to admiss i	ons@mmc.edu.au/ adr	nissions@langford.edu.au
Student Name:	Title		☐ Miss ☐ I	Ms Mrs Mr
Student ID:		Date of Birth:		/
Current Agent De	etails			
Agency Name:		Ag	ency Phone Number:	
Agency Address:				
Agency Email Address:				
Did you inform your current agent of your intention to change agent?			☐ Yes [] No
Does your agent agree to the change of agent?			☐ Yes [No
Please explain why you would like to change your agency ?				
New Agent Details				
Agency Name:	Agency P		none Number:	
Agency Address:				
Agency Email Address:				
Agency staff member n	ame:			
Student Declara	tion			
	nt's responsibility to advise their cour fees and received a Confirmat	-		_
Student signature:		Dat	e	/
For office use only				
Received by:	Received by: Date: Outcome:		Notifications:	
	/ /	Approved Rejected	 Notify the Accounts department Notify students via Email Notify the new agent by Email 	