

# Agent Nomination Form

I, \_\_\_\_\_ authorise  
(Applicant Name)

\_\_\_\_\_  
(Agent 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**