

International Research Applicant Agent Agreement

Division of the Deputy Vice-Chancellor and Vice-President (Research)

I, _____ hereby authorise
(Applicant Name)

_____ of _____
(Agent Name) (Location)

(Official Agent Email Address)

to submit an application for a postgraduate research position at the University of Adelaide on my behalf, and understand that any communication and information from the University relating to my application will be forwarded directly to my nominated agent.

Applicant Endorsement

Applicant name Sign here Date

Agent Endorsement

Counsellor name Sign here Date

Official Agent Stamp

Note that this agreement is invalid unless the official agent stamp appears below.

Staff member signature block

Further Information

Ph: (08) 8313 5882

Fax: (08) 8313 5725

Email: graduatecentre@adelaide.edu.au

Web: www.adelaide.edu.au/graduatecentre

www.adelaide.edu.au/graduatecentre