UTA INSTITUTE OF TECHNOLOGY

Education Agent Authorisation

Student administration | Fillable form

Complete the applicable sections, attach supporting evidence, sign and save a copy. Submit to admin@utait.edu.au or Student Administration at 58 Newlands Road, Reservoir VIC 3073. Use DD/MM/YYYY for dates.

1 Student and course details

Student full name

Student ID

Date of birth (DD/MM/YYYY)

Phone / mobile

Email address

Course code and title

Student category

Domestic International

2 Your instruction

Authority requested

Appoint an agent Change agent Revoke agent authority

Effective date

Previous agency (if applicable)

UTA Institute of Technology Pty Ltd | RTO 41121 | CRICOS 04064G

58 Newlands Road, Reservoir VIC 3073 | 03 9462 3464 | utait.edu.au

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3 Agency and representative details

Agency legal / trading name

Agent / counsellor full name

Phone / mobile

Agency email

Agency address

4 Scope of authority

I authorise this agent to assist with (tick only the permissions you give)

- ☐ Application / enrolment correspondence
- ☐ Course and timetable enquiries
- ☐ Receiving copies of enrolment documents
- ☐ Fee / payment enquiries

Restrictions / expiry date / reason for change (optional)

This authority permits only the selected communications. It does not authorise the agent to sign your Written Agreement, withdraw you, lodge an appeal, redirect a refund or receive unrelated sensitive information without separate express authority. You may revoke it in writing. UTAIT may still contact you directly.

Appointing an agent does not establish any right to commission. UTAIT assesses education agent arrangements and any commission separately under current ESOS requirements, including restrictions on onshore transfer commissions.

Framework: Education Services for Overseas Students Act 2000 (as amended); National Code of Practice for Providers of Education and Training to Overseas Students 2018, Standard 4; UTAIT Privacy Policy.

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5 Student declaration

I confirm that the information supplied is accurate to the best of my knowledge and that the attached documents are genuine. I consent to disclosure to the named agent only within the scope selected above. I have checked the contact details and will notify UTAIT of any change or revocation.

UTAIT uses this information to administer enrolment, training and support. It is handled under UTAIT's Privacy Policy and disclosed only with authority or as required by law. Contact Student Administration to request access or correction.

Confirm before signing

☐ I have read and confirm the declaration above.

Student signature / typed full name

Date (DD/MM/YYYY)

For paper submission, sign by hand. For electronic submission, type your full name and tick the declaration. Keep a saved copy.

6 Office use only

Date received

Received by / position

Decision / status

○ Approved ○ Not approved ○ Pending information

Reasons, conditions and evidence considered

Authorised officer name / position

Signature / typed name and date

Authority verified / scope recorded / expiry

Agent notification date / method