



Request for Representation

To be completed by **the applicant**, not by the agent/representative. Please read this form carefully before completing and signing it.

Applicant First name(s)			
Applicant Family name			
Course(s) applied for:			
Date of birth (DD/MM/YYYY)	/ /	Gender	Male / Female / Prefer not to say
Your Exeter ID No: (or UCAS no.)			

I would like to be represented in the admissions process by this agency/representative:

AGENCY / REPRESENTATIVE NAME:	<input type="text"/>
BRANCH/CITY	<input type="text"/>
AGENCY ADDRESS	<input type="text"/>
	<input type="text"/>
AGENCY EMAIL ADDRESS	<input type="text"/>

My application was originally:

- Submitted **by me** on DATE: / /
 - online
 - by post
 - by hand
 - via UCAS

- Submitted **by this agent** on my behalf:

AGENCY NAME:	<input style="width: 300px;" type="text"/>
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Whilst we strongly discourage applicants from changing their agent / representative after an application has been submitted, **if you are requesting this, please state your reasons for doing so.**



Your contact details on your application will be amended to your new agency upon receipt of a signed copy of this form.

Leave this space blank if not applicable.

I am aware of UK data protection legislation. I have read the guidance available at <https://ico.org.uk/your-data-matters/>. I consent to the above-named agency/representative sharing my personal data with the University of Exeter in support of my application. I also consent to the University of Exeter sharing my personal data, application and registration status with this agency/representative. I have read and understood the University of Exeter's terms and conditions:

Applicants for undergraduate courses: <http://www.exeter.ac.uk/undergraduate/applications/terms/>

Applicants for postgraduate courses: <https://www.exeter.ac.uk/postgraduate/apply/terms/>

SIGNED: (APPLICANT)

Note: this must be an ink signature

DATE:

BLOCK PRINT or
TYPE name
clearly:

Note to agents – submission of this form does not automatically entitle you to commission.

For Office Use Only

ISR Approved _____ Date: _____

Decision: Y / N / HH

Entered in SITS Initial _____ Date: _____

Agent informed _____ (date)