**To be completed and signed by the applicant, and only by the applicant. All fields must be completed; incomplete questionnaires will not be considered.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: |  | | Applicant Reference #: | **O** | **O** | **O** | **O** | **O** | **O** |
|  |  | | | | | | | | |
| Name of Agency and Branch you wish to handle your application | |  | | | | | | | |
|  |  | | | | | | | | |
| Have you already submitted your application? | |  | | | | | | | |
|  |  | | | | | | | | |
| How will the Agency be assisting you? | |  | | | | | | | |
|  |  | | | | | | | | |
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**Declaration (please tick boxes):**

|  |  |  |
| --- | --- | --- |
|  | I hereby confirm that this questionnaire was completed by the party concerned (the student) and not the agent representing me, and the information given in this form is correct and true.  I confirm that the University of Glasgow should send me all future correspondence regarding my application with the agent named above.  I hereby authorise the University of Glasgow and the Agent named above to discuss my application, and communicate with each other on my behalf | |
|  |  | |
|  | Signature: |  |

**AGENTS:**

**Please email the completed form to the Senior International Officer or International Recruitment Coordinator for your region. Please note that the final decision to authorise your agency on behalf of this student is at the discretion of the University.**