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

|  |  |
| --- | --- |
| Applicant Name  |  |
| Applicant ID #:  | **O** | **O** | **O** | **O** | **O** | **O** | **O** |  |  |  |
| UCAS ID # (If Applicable) :  | **O** | **O** | **O** | **O** | **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? |  |

**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 all future correspondence regarding my application to 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 until six months after my enrolment at the University of Glasgow, or the withdrawal of my application, whichever occurs first. I authorise the University of Glasgow and the agent to share the current status of my application and application data.  |
|  | Signature: |  | Date:  |  |

**AGENTS:**

**Please email the completed form to the 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.**