



Change of Agency Request Form

NOTE: CCC, DVC and LMC can only accept requests when there is an active agreement with the requested agency.

By completing this form, I understand that I am requesting a change of agency representation to provide educational counselling services with regard to my application for admission and enrolment in a full-time program of study at CCC, DVC or LMC.

Please Type Below

First Name: _____

Family Name: _____

Date of Birth (Day/Month/Year): _____

Nationality/Citizenship: _____

Student ID Number (if applicable): _____

Name of College Applied To/Enrolled In: _____

Program of Study/Major: _____

Name of Current Agency: _____

Current Agency Address: _____

Name of Requested Agency: _____

Requested Agency Address: _____

Reason(s) for change of agency request: _____

Student Signature

Date