

Education Agency Adviser Authorisation Form

Please complete the form below and upload it with your online application or return to internationalapplication@mmu.ac.uk

| Applicant Name: | Shuruq Abdullah Almalki |
|--|---|
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| Name of Education Agency: | UKuni - Riyadh - KSA |
| Education Agency Email: | tsaeed@ukuni.org |
| By signing this document, I confirm that the above Education Adviser is authorised to represent me in correspondence with the University in all aspects of the application process and I agree that my personal information and the status of my application may be shared directly with my Education Adviser. | |
| Applicant signature: | Shurug Almalki |
| Date: | 12/03/2023 |