



ECOE Change Form

Student's Personal Details			
Full Name:			
Student ID:		Date of Birth:	
Address:			
Phone no:			
Email ID:			

Select required Course and Intake for variation.

Tick	Course Code and Description	Course Duration (Weeks)	Current Intake	New Intake
[]	Certificate III in Commercial Cookery	60		
[]	Certificate IV in Kitchen Management	78		
[]	Diploma of Hospitality Management	64		
[]	Certificate IV in Business	34		
[]	Diploma of Business	64		

Reasons for Variation:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical Grounds | <input type="checkbox"/> Compelling/compassionate Reasons | <input type="checkbox"/> Transferred to another course |
| <input type="checkbox"/> Work Commitments | <input type="checkbox"/> Financial Circumstances | <input type="checkbox"/> Visa Cancellation |
| <input type="checkbox"/> Early Finish | <input type="checkbox"/> Intake change | <input type="checkbox"/> Change of location/Campus change |
| <input type="checkbox"/> Staff/Admin Error | <input type="checkbox"/> Others; Please mention the reason in detail: | |

Documents attached:

- | | | | |
|--|---|--------------------------------|--|
| <input type="checkbox"/> Medical Certificate | <input type="checkbox"/> Travel Documents | <input type="checkbox"/> Mails | <input type="checkbox"/> Supporting certificates |
| <input type="checkbox"/> Others; please specific | | | |



Students Declaration:

I understand that variation of CoE may result in extension of my course duration and an extended CoE. I also understand that this variation may affect my student visa and I may need to seek advice from the Department of Home Affairs (DHA) on the potential impact on my student visa. I am aware that a change in my COE may also result in the change of my fees.

- I have been advised of all the relevant consequences of the outcome of my request.
- I have been advised of all the relevant information in relation to the request made on this form.
- I am aware of my right to appeal.

Student Signature:

Date:

Office use only: (All sections to be completed by a delegated officer)

Authorised person approval	Name:			
	Signature:		Date:	

Decision of Request	<input type="checkbox"/> Granted	<input type="checkbox"/> Not Granted
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Student Management System updated including PRISMS	Yes		No	
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Did the ECoE changes reflect student fees: <i>(If yes, student needs to sign up a new student agreement)</i>	Yes		No	
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Student notified	Yes		No	
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New ECoE Number:				
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Course Adjustment (If required)

Comments (If any):