

## **ECOE Change Form**

Student's Personal Details							
Full Name:							
Student ID:	Date of Birth:						
Course Code & Name:							
Address: Post Code:							
Phone no:							
Email ID:							
Request for Variation of CoE: (Please tick the following)							
Course <b>Start Date</b> on Current CoE			Course <b>End Dat</b> on Current CoE	e <b>e</b>			
Course requested start date							
Reasons for Variation:							
□ Medical Grounds □ Compelling/compassionate Reasons □ T				☐ Transferred to another course			
□ Work Commitments □ Financial Circumstances		□ Visa Cancellation					
□ Change of location/Campus change			□ Intake change				
□ Others; Please specify							
Please mention the reason in detail:							
Documents attached:							
□ Medical Certificate □ T	ravel Documents	□ Mail	ls □ Sup	porting certificates			
□ Others; please specify							



Students Declaration:								
Ottudenta Decidiation.								
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.								
$\hfill \hfill \hfill$ 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	□ Granted	□ Not Granted						
Student Management System updated including PRISMS	Yes			No				
Did the ECoE changes reflect student fees:	Yes			No				
Student notified	Yes			No				
New ECoE Number:								
Course Adjustment (If required):								
Comments (If any):								