

ECOE CHANGE FORM

Student's Personal Details

☐ Medical Grounds

☐ Staff/Admin Error

Documents attached:

☐ Medical Certificate

□ Others; please specify

Please mention the reason in detail: _

☐ Early Finish

☐ Work Commitments

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				
	CPC30620 Certificate	94							
	RII60520 Advanced D	94							
	BSB40120 Certificate	34							
	MSF30322 Certificate Technology	94							
			,						
Reasons for Variation:									

☐ Compelling/compassionate Reasons

☐ Financial Circumstances

□ Others; Please specify

□ Intake change

☐ Travel Documents

Royal Building Academy Pty Ltd trading as Royal Building Academy
Document Name: ECoE Change Form | Version no: 25.1

RTO no: 46138 | CRICOS no: 04216G

■ Mails

Address: 218 Station Street, Norlane, Victoria 3214 | ABN: 73 645 577 475 Ph: 1300379959 | Email: info@rba.vic.edu.au | Website: www.rba.vic.edu.au

☐ Transferred to another course

□ Supporting certificates

☐ Change of location/Campus change

□ Visa Cancellation



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.						
\square 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.						
\square I understand that if my request is approved, RBA will notify the Department of Home Affairs via PRISMS, and						
this may affect my student visa status.						
Student Signature:	Date:					
	•					

Office use only: (All sections to be completed by a delegated officer)								
Authorised person approval	Name:							
Authoriseu person approvai	Signature:		Date:					
Decision of Request	☐ Granted	□ N	□ Not Granted					
Student Management System updated including PRISMS	Yes		No					
Did the ECoE changes reflect student fees: (If yes, student needs to sign up a new student agreement)	Yes		No					
Student notified	Yes		No					
New ECoE Number:			•	•				
Course Adjustment (If required):								
Comments (If any):								

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