



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 Start Date on Current CoE		Course End Date on Current CoE	
New Course name:			
Course start date:			
Reasons for Variation:			
☐ Medical Grounds ☐ Compelling/compassionate Reasons ☐ 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 ☐ Travel Documents ☐ Mails ☐ Supporting certificates ☐ Others; please specify			





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 understand that COE change fee is involved of \$250
- ☐ 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):				

