

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	
Course requested start date			
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"/> Change of location/Campus change <input type="checkbox"/> Intake change <input type="checkbox"/> Others; Please specify 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 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 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:
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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		
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):			