

## ECOE Change Form

<b>Student's Personal Details</b>			
<b>Full Name:</b>			
<b>Student ID:</b>		<b>Date of Birth:</b>	
<b>Course Code &amp; Name:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Phone no:</b>			
<b>Email ID:</b>			
<b>Request for Variation of CoE: (Please tick the following)</b>			
Course <b>Start Date</b> on Current CoE		Course <b>End Date</b> on Current CoE	
Course <b>requested start date</b>			
<b>Reasons for Variation:</b>			
<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:			
<b>Documents attached:</b>			
<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			

<b>Students Declaration:</b>	
<p>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.</p> <p><input type="checkbox"/> I have been advised of all the relevant consequences of the outcome of my request.</p> <p><input type="checkbox"/> I have been advised of all the relevant information in relation to the request made on this form.</p> <p><input type="checkbox"/> I am aware of my right to appeal.</p>	
<b>Student Signature:</b>	<b>Date:</b>

<b>Office use only:</b> (All sections to be completed by a delegated officer)				
<b>Authorised person approval</b>	<b>Name:</b>			
	<b>Signature:</b>		<b>Date:</b>	
<b>Decision of Request</b>	<input type="checkbox"/> <b>Granted</b> <input type="checkbox"/> <b>Not Granted</b>			
<b>Student Management System updated including PRISMS</b>	<b>Yes</b>		<b>No</b>	
<b>Did the ECoE changes reflect student fees:</b>	<b>Yes</b>		<b>No</b>	
<b>Student notified</b>	<b>Yes</b>		<b>No</b>	
<b>New ECoE Number:</b>				
<b>Course Adjustment (If required):</b>				
<b>Comments (If any):</b>				