International Institute of Training Pty Ltd

ECOE CHANGE FORM

Section 1 – Student's Personal Details			
Student Name:			
Student ID:		**Date of Birth:**	
Address:			
Contact Number (H):		**Mobile:**	
Email Address:			

Reasons for Variation:

☐ Medical Grounds ☐ Compelling/compassionate Reasons ☐ Transferred to another course
☐ Work Commitments ☐ Financial Circumstances ☐ Visa Cancellation
☐ Early Finish ☐ Intake change ☐ Change of location/Campus change
☐ Staff/Admin Error
☐ Others; Please mention the reason in detail:

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Documents attached:

☐ Medical Certificate ☐ Travel Documents ☐ Mails ☐ Supporting certificates
☐ Others; please specify:

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Preferred Course and Intake

Tick	Course Code and Description	CRICOS Course Code	Course Duration in Weeks (including holiday breaks)	Current Intake	New Intake
☐	AUR30620 Certificate III in Light Vehicle Mechanical Technology	110448H	70		
☐	AUR40216 Certificate IV in Automotive Mechanical Diagnosis	110449G	30		
☐	AUR50116 Diploma of Automotive Management	110450C	70		
☐	BSB50420 Diploma of Leadership and Management	110451B	52		
☐	BSB60420 Advanced Diploma of Leadership and Management	110452A	52		
☐	SIT30821 Certificate III in Commercial Cookery	111490J	56		
☐	SIT40521 Certificate IV in Kitchen Management	111491H	92		
☐	SIT50422 Diploma of Hospitality Management	111492G	64		
☐	CPC30220 Certificate III in Carpentry	117321M	56		
☐	CPC50220 Diploma of Building and Construction (Building)	117322K	56		

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Section 3 – Student 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. ☐ I understand that if my request is approved, International Institute of Training will notify the Department of Home Affairs via PRISMS, and this may affect my student visa status. ☐ I hereby declare and certify that the information supplied by me on all parts of this form is complete and true in all aspects.

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			
Units Required for Completion:		**Expected Completion Date:**		
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):				