



ECOE Change Form

Student's Personal Details

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
☐	BSB40520 Certificate IV in Leadership and Management {106803F}	40		
☐	BSB50420 Diploma of Leadership and Management {104633B}	52		
☐	BSB60420 Advanced Diploma of Leadership and Management {107072F}	52		
☐	BSB80120 Graduate Diploma of Management (Learning) {107073E}	52		
☐	SIT30821 Certificate III in Commercial Cookery {109844F}	56		
☐	SIT40521 Certificate IV in Kitchen Management {109502F}	92		
☐	SIT50422 Diploma of Hospitality Management {112633B}	64		
☐	SIT60322 Advanced Diploma of Hospitality Management {112634A}	92		

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: | |

Documents attached:

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



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CRICOS No: 03483G | RTO No : 40794

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.
- ☐ I understand that if my request is approved, ASLI 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:			
	Signature:		Date:	
Decision of Request	☐ Granted ☐ 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):				