



## ECO E 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
<input type="checkbox"/>	BSB40520-Certificate IV in Leadership and Management {106803F}	40		
<input type="checkbox"/>	BSB50420 - Diploma of Leadership and Management {104633B}	52		
<input type="checkbox"/>	BSB60420- Advanced Diploma of Leadership and Management {107072F}	52		
<input type="checkbox"/>	BSB80120 - Graduate Diploma of Management (Learning) {107073E}	52		
<input type="checkbox"/>	SIT30821 - Certificate III in Commercial Cookery {109844F}	56		
<input type="checkbox"/>	SIT40521- Certificate IV in Kitchen Management {109502F}	92		
<input type="checkbox"/>	SIT50422- Diploma of Hospitality Management {112633B}	64		
<input type="checkbox"/>	SIT60322- Advanced Diploma of Hospitality Management {112634A}	92		

### 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"/> Early Finish      | <input type="checkbox"/> Intake change                                | <input type="checkbox"/> Change of location/Campus change |
| <input type="checkbox"/> Staff/Admin Error | <input type="checkbox"/> Others; 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 |   |                                |  |



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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.

**Student Signature:**

**Date:**

### Office use only: (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> <span style="margin-left: 150px;"><input type="checkbox"/> <b>Not Granted</b></span>			
<b>Student Management System updated including PRISMS</b>	<b>Yes</b>		<b>No</b>	
<b>Did the ECoE changes reflect student fees: (If yes, student needs to sign up a new student agreement)</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>				