AUSTRALIAN STUDY LINK INSTITUTE
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CRICOS No: 03483G I RTO No : 40794

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

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)				
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):				