



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		
☐	CHC33021 Certificate III in Individual Support {120964E}	56		
☐	CHC43315 Certificate IV in Mental Health {120965D}	40		
☐	CHC43121 Certificate IV in Disability Support {120966C}	38		
☐	CHC52025 Diploma of Community Services {120967B}	94		
☐	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		



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
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CRICOS No: 03483G | RTO No : 40794

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. ☐ 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:				



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Course Adjustment (If required):

Comments (If any):