



## COE Change Form

Student's Personal Details			
<b>Full Name:</b>			
<b>Student ID:</b>		<b>USI No:</b>	
<b>Course Code &amp; Name:</b>			
<b>Address:</b>			
<b>Post Code:</b>			
<b>Phone no:</b>			
<b>Email ID:</b>			
Request for Variation of CoE: (Please tick the following)			
Course <b>Start Date</b> on Current CoE			
Course <b>End Date</b> on Current CoE			
Course <b>requested start date</b>			
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"/> Change of location <input type="checkbox"/> Intake change <input type="checkbox"/> Others; Please specify Please mention the reason in detail: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>			
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			
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's visa and I may need to seek advice from the Department of Home Affairs (DHA) on the potential impact on my student visa.  <input type="checkbox"/> I have been advised of all the relevant consequences of the outcome of my request. <input type="checkbox"/> I have been advised of all the relevant information in relation to the request made on this form. <input type="checkbox"/> I am aware of my right to appeal.			



<b>Student Signature:</b>	<b>Date:</b>
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<b>Office use only:</b>			
<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>Decision granted/not granted by:</b>	<b>Name:</b>		
	<b>Signature:</b>		<b>Date:</b>
Course Adjustment (If required):			