

ECOE Change Form

Student's Personal Details								
Full Name:								
Student ID:	Date of Birth:							
Course Code & Name:								
Address:								
Post Code:								
Phone no:								
Email ID:								
Request for Variation of CoE: (Please tick the following)								
Course Start Date on Current CoE			Course I on Curre	End Date ent CoE				
Course requested start date								
Reasons for Variation:								
□ Medical Grounds	Compelling/compassi	onate Re	asons	□ Transfe	rred to another course			
Work Commitments	Financial Circumstance	ces		🗆 Visa Ca	ncellation			
□ Change of location/Campus change □ Intake change			hange					
□ Others; Please specify								
Please mention the reason in detail:								
Documents attached:								
Medical Certificate	□ Travel Documents		□ Mails		Supporting certificates			
□ Others; please specify								

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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.

 \Box I am aware of my right to appeal.

Student Signature:	Date:

Office use only: (All sections to be completed by a delegated officer)							
	Name:						
Authorised person approval	Signature:		Date:				
Decision of Request	Granted	-	□ Not Granted				
Student Management System updated including PRISMS	Yes		Νο				
Did the ECoE changes reflect student fees:	Yes		Νο				
Student notified	Yes		No				
New ECoE Number:							
Course Adjustment (If required):							
Comments (If any):							

W: www.aecollege.vic.edu.au