

ECOE Change Form

| Student's Personal Details | | | |
|---|--|----------------|--|
| Full Name: | | | |
| Student ID: | | USI No: | |
| 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 End Date on Current CoE | | | |
| Course requested start date | | | |
| 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/Campus change <input type="checkbox"/> Intake change <input type="checkbox"/> Others; Please specify Please mention the reason in detail: <hr style="border: 1px solid black;"/> <hr style="border: 1px solid black;"/> | | | |
| 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. | | | |



Technical Education Development Institute (TEDI)
Technical Electronics Centre
RTO Code: 22300 CRICOS NUMBER: 03221G
Level 5, 123 Lonsdale Street, Melbourne, Victoria - 3000
Ph: 03 9043 3926, Website: www.tedi.vic.edu.au
Email: admissions@tedi.vic.edu.au

| | |
|---------------------------|--------------|
| Student Signature: | Date: |
|---------------------------|--------------|

| Office use only: | | | | |
|---|--|--|--------------|--|
| Authorised person approval | Name | | | |
| | Signature | | Date: | |
| Decision of Request | <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted | | | |
| Decision granted/not granted by: | Name: | | | |
| | Signature: | | Date: | |
| VETtrak updated | Yes | | No | |
| PRISMS updated | Yes | | No | |
| Student Notified (Student has been notified of the decision) | Yes | | No | |
| Course Adjustment (If required): | | | | |
| Comments (If any) | | | | |