

Technical Education Development Institute (TEDI) Technical Electronics Centre RTO Code: 22300 CRICOS NUMBER: 03221G Level 5, 123 Lonsdale Street, Melbourne, Victoria – 3000 Ph: 03 8725 2061, Website: <u>www.tedi.vic.edu.au</u> Email: admissions@tedi.vic.edu.au

## **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 <b>Start Date</b> on Current CoE							
Course <b>End Date</b> on							
Current CoE							
Course requested							
start date Reasons for Variatio							
□ Medical Grounds	□ Compelling/compassionate R		rse				
Work Commitment			Visa Cancellation				
□ Change of location/	Intake change						
□ Others; Please specify							
Please mention the reason in detail:							
			—				
<b>D</b>							
Documents attached							
□ Medical Certificate		□ Mails □ Supporting certifica	ites				
Others; please spec	•						
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.							
$\square$ I have been advised of all the relevant consequences of the outcome of my request.							
$\square$ 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.							

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Student Signature:

Date:

Office use only:						
Authorised person	Name					
approval	Signature		Date:			
Decision of Request	□ Granted	Not Granted				
Decision granted/not	Name:					
granted by:	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)						