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69 OSBORNE AVENUE SPRINGVALE, 3171

# eCoE change form

## Please use this form to request a change of intake/course/extension to eCoE

Reason (please circle) Change of CoE dates/ course variation/ pre-past enrolment

| Student's Personal Details: | |
|---|---|
| Full Name: | |
| Student ID: | |
| Phone No: | |
| Email: | |
| Address: | |
| Course Code and Name: | |
| Reason for change: | |
| Details of course/s which you are wishing to take: | |
| Course code and Name: | |
| Preferred Intake month/year: | |
| | |
| Course code and Name: | |
| Preferred Intake month/year: | |

**Student Declaration:**

□ I understand that an administration fee is involved of$250 if I am granted permission to change my course of study.

□ I agree to pay any additional fees that may apply to my new course.

Student Signature: _____Date: _____

**Office use Only:**

| Units required for completion | | Expected completion date | |
|---|---|---|---|
| Did the new eCoE reflect any changes in the fee (Yes/No ) | | New CoE Number | |
| Administration Signature | | Date | |
| Finance department approval | | Date | |