

**ECOE Change Form**

<b>Student's Personal Details</b>			
<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>			
<b>Request for Variation of CoE: (Please tick the following)</b>			
Course <b>Start Date</b> on Current CoE			
Course <b>End Date</b> on Current CoE			
Course <b>requested start date</b>			
<b>Types of Changes:</b>			
<input type="checkbox"/> Withdrawal <input type="checkbox"/> Deferral/Change of Groups <input type="checkbox"/> Cancellation by RTO			
<b>Reasons for Variation:</b>			
<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/>			
<hr/>			
<b>Documents attached:</b>			
<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			
<b>Students Declaration:</b>			

**Times International College (TIC)**

RTO:46097 CRICOS:04199C

Location: Unit 44-45, level 1; 138-142

Nicholson Street, Footscray, VIC -3011,

Ph: +61 41497498, Website:

Email:

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.

- ☐ 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.
- ☐ I am aware of my right to appeal.

**Student Signature:****Date:****Office use only:**

<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> <input type="checkbox"/> <b>Not Granted</b>			
<b>Decision granted/not granted by:</b>	<b>Name:</b>			
	<b>Signature:</b>		<b>Date:</b>	
<b>Wisenet updated</b>	<b>Yes</b>		<b>No</b>	
<b>PRISMS updated</b>	<b>Yes</b>		<b>No</b>	
<b>Student Notified (Student has been notified of the decision)</b>	<b>Yes</b>		<b>No</b>	
<b>Course Adjustment (If required):</b>				
<b>Comments (If any)</b>				