



**Ideal International Institute Pty Ltd**  
**RTO NO. 46289 | CRICOS NO.: 04296B**  
**Address: 653 Tarneit Road, Hoppers Crossing, Vic-3029, Australia**  
**E: idealinternationalinstitute1@gmail.com**  
**W: www.iii.vic.edu.au | Ph: 1300201247**  
**ABN: 16667624124**

## ECOE Change Form

Student's Personal Details			
Full Name:			
Student ID:		Date of Birth:	
Address:			
Phone no:			
Email ID:			

Select required Course and Intake for variation.

Tick	Course Code and Description	Course Duration (Weeks)	Current Intake	New Intake
<input type="checkbox"/>	MSF30322 Certificate III in Cabinet Making and Timber Technology	56		
<input type="checkbox"/>	RII60520 Advanced Diploma of Civil Construction Design	94		
<input type="checkbox"/>	BSB50120 Diploma Business	52		

Reasons for Variation:	
<input type="checkbox"/> Medical Grounds	<input type="checkbox"/> Compelling/compassionate Reasons
<input type="checkbox"/> Work Commitments	<input type="checkbox"/> Transferred to another course
<input type="checkbox"/> Early Finish	<input type="checkbox"/> Financial Circumstances
<input type="checkbox"/> Staff/Admin Error	<input type="checkbox"/> Visa Cancellation
<input type="checkbox"/> Intake change	<input type="checkbox"/> Change of location/Campus change
<input type="checkbox"/> Others; Please mention the reason in detail:	
Documents attached:	



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<input type="checkbox"/> Medical Certificate	<input type="checkbox"/> Travel Documents	<input type="checkbox"/> Mails	<input type="checkbox"/> Supporting certificates
<input type="checkbox"/> Others; please specific			

**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.

I am aware of my right to appeal.

<b>Student Signature:</b>	<b>Date:</b>
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**Office use only: (All sections to be completed by a delegated officer)**

<b>Authorised person approval</b>	Name:			
	Signature:		Date:	
<b>Decision of Request</b>	<input type="checkbox"/> Granted <span style="margin-left: 100px;"><input type="checkbox"/> Not Granted</span>			
<b>Student Management System updated including PRISMS</b>	Yes		No	
<b>Did the ECoE changes reflect student fees: (If yes, student needs to sign up a new student agreement)</b>	Yes		No	
<b>Student notified</b>	Yes		No	
<b>New ECoE Number:</b>				

**Course Adjustment (If required)**

**Comments (If any):**