Ideal International Institute Pty Ltd
RTO NO. 46289 I CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins street, Melbourne, VIC 3000
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
☐	MSF30322 Certificate III in Cabinet Making and Timber Technology	56		
☐	RII60520 Advanced Diploma of Civil Construction Design	94		
☐	BSB50120 Diploma Business	52		

Reasons for Variation:

☐ Medical Grounds ☐ Compelling/compassionate Reasons ☐ Transferred to another course

☐ Work Commitments ☐ Financial Circumstances ☐ Visa Cancellation

☐ Early Finish ☐ Intake change ☐ Change of location/Campus change

☐ Staff/Admin Error ☐ Others; Please mention the reason in detail: _____

_____

Documents attached:

☐ Medical Certificate ☐ Travel Documents ☐ Mails ☐ Supporting certificates

☐ Others; please specific:_____

_____

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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. ☐ I understand that if my request is approved, III will notify the Department of Home Affairs via PRISMS, and this may affect my student visa status.

Student Signature:	**Date:**

Office use only: (All sections to be completed by a delegated officer)				
Authorised person approval	**Name:**			
	Signature:		**Date:**	
Decision of Request	□ **Granted**		□ **Not Granted**	
Student Management System updated including PRISMS	**Yes**		**No**	
Did the ECoE changes reflect student fees: *(If yes, student needs to sign up a new student agreement)*	**Yes**		**No**	
Student notified	**Yes**		**No**	
New ECoE Number:				
Course Adjustment (If required)				
Comments (If any):				