

St Albans Institute Pty Ltd t/a Hawk Institute Level 4, 171 Latrobe Street, Melbourne VIC 3000 Australia RTO ID: 41451 CRICOS Code: 03596J Website: www.hawkinstitute.edu.au Email: info@hawkinstitute.edu.au Phone: 1300 159 461 ABN 19608522087

ECOE Change Form

Student's Personal Details							
Full Name:							
Student ID:	USI	I No:					
Course Code &	•	I					
Name:							
Address:							
Post Code:							
Phone no:							
Email ID:							
Request for Variation of CoE: (Please tick the following)							
Course Start Date							
on Current CoE							
Course End Date on							
Current CoE							
Course requested							
start date	L						
Reasons for Variation	n:						
□ Medical Grounds	Compelling/compassionate Reas	sons					
Work Commitment	s 🛛 Financial Circumstances	Visa Cancellation					
□ Change of location/	Intake change						
\Box Others; Please spec	ify						
Please mention the rea	ason in detail:						
Description							
Documents attached	-						
Medical Certificate		Mails					
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.							
□ 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.							



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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)							