

St Albans Institute Pty Ltd t/a Hawk Institute

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 No:						
Course Code & 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								
Reasons for Variation:								
\square Medical Grounds	\Box Compelling/compassionate	Reasons 🗆 Tra	nsferred to another course					
□ Work Commitment	s ☐ Financial Circumstances	□ Visa	☐ Visa Cancellation					
\square Change of location/Campus change			□ Intake change					
□ Others; Please specify								
Please mention the re	ason in detail:							
Documents attached	:							
☐ Medical Certificate	☐ Travel Documents	□ Mails	☐ Supporting certificates					
□ Others; please spec	ify							
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.								
$\hfill\Box$ I have been advised of all the relevant consequences of the outcome of my request.								
$\hfill\Box$ 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 requi	red):					
Comments (If any)						