ECOE Change Form

Student's Personal Details			
Full Name:			
Student ID:		**Date of Birth:**	
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:

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

☐ Work Commitments ☐ Financial Circumstances ☐ Visa Cancellation

☐ Change of location/Campus change ☐ Intake change

☐ Others; Please specify

Please mention the reason in detail:

Documents attached:

☐ Medical Certificate ☐ Travel Documents ☐ Mails ☐ Supporting certificates

INSTITUTE OF CULINARY EDUCATION PTY LTD t/a Blue Ridge College
Suite 1, Level 5, 398 Lonsdale Street, Melbourne VIC 3000
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Ph: +61 423 051 322 **E:** info@brc.edu.au **W:** www.brc.edu.au

□ Others; please specify
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.

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:	**Yes**		**No**	
Student notified	**Yes**		**No**	
New ECoE Number:				

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Course Adjustment (If required):
Comments (If any):