

**F22 eCoE Change Form**

STUDENT DETAILS			
Full Name			
Current Address			
Date of Birth		Student ID	
Phone Number			
Email Address			

eCoE DETAILS	
eCoE to be Changed:	
Reason for eCoE Change:	

PREFERRED COURSE					
Select Course	Course Code	CRICOS Code	Course title	Estimated Course Duration	Intake Month
[ ]	SIS30315	091880J	Certificate III in Fitness	52 weeks	
[ ]	SIS40215	091881G	Certificate IV in Fitness	78 weeks	
[ ]	HLT42015	091878C	Certificate IV in Massage Therapy	52 weeks	
[ ]	HLT52015	091879B	Diploma of Remedial Massage	104 weeks	
[ ]	BSB41515	087136J	Certificate IV in Project Management Practice	26 weeks	
[ ]	BSB51415	087454F	Diploma of Project Management	50 weeks	
[ ]	BSB42015	091875F	Certificate IV in Leadership and Management	52 weeks	
[ ]	BSB51915	091876E	Diploma of Leadership and Management	52 weeks	
[ ]	BSB61015	091877D	Advanced Diploma of Leadership and Management	78 Weeks	

STUDENT DECLARATION			
I hereby declare and certify that the information supplied by me on all parts of this form is complete and true in all aspects.			
Student Signature:		Date:	

OFFICE USE ONLY	
Approved YES NO	
New eCoE Number/s:	_____
Date:	_____ Signature: _____