



COE Change Form

Change of COE Fee is \$250

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:			
<input type="checkbox"/> Medical Grounds <input type="checkbox"/> Compelling/compassionate Reasons <input type="checkbox"/> Transferred to another course <input type="checkbox"/> Work Commitments <input type="checkbox"/> Financial Circumstances <input type="checkbox"/> Visa Cancellation <input type="checkbox"/> COE Extension <input type="checkbox"/> Intake change <input type="checkbox"/> Course Transition <input type="checkbox"/> Others; Please specify Please mention the reason in detail: _____ _____ _____ _____			
Documents attached:			
<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Travel Documents <input type="checkbox"/> Mails <input type="checkbox"/> Supporting certificates <input type="checkbox"/> 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's visa and I may need to seek advice from the Department of Home Affairs (DHA) on the potential impact on my student visa. <input type="checkbox"/> I have been advised of all the relevant consequences of the outcome of my request. <input type="checkbox"/> I have been advised of all the relevant information in relation to the request made on this form. <input type="checkbox"/> I am aware of my right to appeal.			
Student Signature:	Date:		

