CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E- mail: info@cmi.vic.edu.au

COE CHANGE FORM

Change of COE Fee: $300

Student Personal Details			
Full Name			
Student ID			
Course Code & Name			
Address			
Mobile			
Email			
Request for Variation of COE			
Course Start Date on current COE		**Course End Date on current COE**	
Course requested start date			

Reasons for Variation (please tick applicable)

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

☐ Work Commitments ☐ Financial Circumstances ☐ Visa Cancellation

☐ COE Extension ☐ Intake change ☐ Course Transition

☐ Others (please specify): .....

Please mention the reason(s) in detail:

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Documents attached:

☐ Medical Certificate ☐ Travel Documents ☐ Mails ☐ Supporting certificates

☐ Others (please specify) .....

Student 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.

Student Signature:	**Date:**

OFFICE USE ONLY				
Decision of Request	☐ **Granted** □ **Not Granted**			
Authorised person approval	**Name:**			
	Signature:		**Date:**	
Course Adjustment (If required):				