



E-CoE CHANGE FORM

(Please use this form to request for change of intake/course/extension to E-CoE)

Student's Personal Details:	
Student Full Name	
Student ID	
Current Course Code and Name	<input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery <input type="checkbox"/> SIT50416 Diploma of Hospitality Management <input type="checkbox"/> SIT60316 Advanced Diploma of Hospitality Management <input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management <input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management <input type="checkbox"/> BSB51918 Diploma of Leadership and Management <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management <input type="checkbox"/> BSB80615 Graduate Diploma of Management (Learning)
Address	
Mobile No	
Email ID	
Reason for change of Course	
Details of course/s which you are wishing to take:	
Course Code and Name:	<input type="checkbox"/> SIT30816 Certificate III in Commercial Cookery <input type="checkbox"/> SIT40516 Certificate IV in Commercial Cookery <input type="checkbox"/> SIT50416 Diploma of Hospitality Management <input type="checkbox"/> SIT60316 Advanced Diploma of Hospitality Management <input type="checkbox"/> BSB42015 Certificate IV in Leadership and Management <input type="checkbox"/> BSB40520 Certificate IV in Leadership and Management <input type="checkbox"/> BSB51918 Diploma of Leadership and Management <input type="checkbox"/> BSB50420 Diploma of Leadership and Management <input type="checkbox"/> BSB61015 Advanced Diploma of Leadership and Management <input type="checkbox"/> BSB80615 Graduate Diploma of Management (Learning)
Preferred Intake month/year:	



Student Declaration:

- I understand that an administration fee is involved of \$200 if I am granted permission to change my course of study.
- I agree to pay any additional fees that may apply to my new course.

Student Signature: _____ Date: _____

Office use Only:

Number of units required for completion		Expected completion date	
Did the new E-CoE reflect any changes in the fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	New CoE Number	
Administration Signature		Date	
Finance department approval		Date	