Greenhill Institute Pty Ltd t/a Greenhill Institute **RTO NO.** 45872 **I CRICOS NO.**: 04029K

Suite 2 - 17 David St Brunswick Vic 3056

Ph:1300136859 | W: greenhillinstitute.vic.edu.au

E: <u>info@greenhillinstitute.vic.edu.au</u>

ABN: 36650308875



ECOE CHANGE FORM

STUDE	NT'S PERSO	NAL DETAILS				
Full Na	me:					
Studen	t ID:	D	ate of Birth:			
Addres	ss:			<u> </u>		
Phone	No:					
Email I	D:					
Select re	equired Cour	se and Intake for variation.				
TICK	COURSE CODE	QUALIFICATION	CRICOS COURSE CODE		CURRENT INTAKE	NEW INTAKE
	CPC31020	Certificate III in Solid Plastering	116816G	56		
	CPC50220	Diploma of Building and Construction (Building)	116757B	56		
	BSB50420	Diploma of Leadership and Management	110522C	52		
	BSB60420	Advanced Diploma of Leadership and Managemen	t 110523B	78		
	BSB80120	Graduate Diploma of Management (Learning)	110524A	78		
	ICT60220	Advanced Diploma of Information Technology	113847B	94		
	RII50520	Diploma of Civil Construction Design	118056D	56		
	RII60520	Advanced Diploma of Civil Construction Design	113846C	56		
□ Med □ Wor □ Early □ Staff	ns for Varia ical Grounds k Commitme y Finish /Admin erro	□ Compelling/compassionate Reasonnts□ Financial Circumstances□ Intake change	□ Visa Cai	rred to anot ncellation of location/		

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	ravel Documents thers; please specif	y	_ N	Mails		
STUDENTS DECLARATION:						
I understand that variation of CoE may that this variation may affect my stude on the potential impact on my student	ent visa and I may n	eed to	seek advice from	the Departmer	nt of Home Affairs (DHA)	
☐ I have been advised of all the relevant	nt consequences of	the ou	tcome of my requ	iest.		
☐ I have been advised of all the relevan	nt information in re	lation	to the request ma	nde on this form	1.	
☐ I am aware of my right to appeal.						
☐ I understand that if my request is apaffect my student visa status.	□ I understand that if my request is approved, GI will notify the Department of Home Affairs via PRISMS, and this may affect my student visa status.					
Student Signature:			Date:			
OFFICE USE ONLY: (All sections to be	completed by a dele	egated	officer)			
Authorised person approval	Name:					
	Signature:			Date:		
Decision of Request	☐ Granted			□ Not Gr	anted	
Student Management System update including PRISMS	ed Yes			No		
Did the ECoE changes reflect studen fees: (If yes, student needs to sign up a new student agreement)	t Yes			No		
Student notified	Yes			No		
New ECoE Number:		•				

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