

TO BE COMPLETED BY THE STUDENT

Required fields* must be filled out for a successful submission

Title*: Mr Miss Ms Mrs

First Name*		Family Name*	
Date of Birth*	___/___/___	Student Number*	
Email*		Phone Number*	
Address*			

Did you apply through an ECA registered agent?* YES NO

If yes, please indicate the agent's company name: _____

CURRENT: Which course would you like to change?

NEW: Which course/start date would you like to change to?

Course name	Period	N° of Weeks	Start Date
<input type="checkbox"/> FCE		___	___/___/___
<input type="checkbox"/> GE	AM PM	___	___/___/___
<input type="checkbox"/> IELTS		___	___/___/___
<input type="checkbox"/> EAP	AM PM	___	___/___/___
Other _____		___	___/___/___

Course name	Period	N° of Weeks	New Start Date
<input type="checkbox"/> FCE		___	___/___/___
<input type="checkbox"/> GE	AM PM	___	___/___/___
<input type="checkbox"/> IELTS		___	___/___/___
<input type="checkbox"/> EAP	AM PM	___	___/___/___
Other _____		___	___/___/___

CAMPUS: Sydney Melbourne

CAMPUS: Sydney Melbourne

When would you like to finish this course? ___/___/___

(Do not write down any date if your course has not started yet)

CURRENT: Which course would you like to change?

NEW: Which course/start date would you like to change to?

Course name	Intake Date
<input type="checkbox"/> Certificate IV in Accounting	___/___/___
<input type="checkbox"/> Diploma of Accounting	___/___/___
<input type="checkbox"/> Advanced Diploma of Accounting	___/___/___
<input type="checkbox"/> Certificate IV in Business Administration	___/___/___
<input type="checkbox"/> Diploma of Business	___/___/___
<input type="checkbox"/> Advanced Diploma of Business	___/___/___

Course name	New Intake Date
<input type="checkbox"/> Certificate IV in Accounting	___/___/___
<input type="checkbox"/> Diploma of Accounting	___/___/___
<input type="checkbox"/> Advanced Diploma of Accounting	___/___/___
<input type="checkbox"/> Certificate IV in Business Administration	___/___/___
<input type="checkbox"/> Diploma of Business	___/___/___
<input type="checkbox"/> Advanced Diploma of Business	___/___/___

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CURRENT: Which course would you like to change?

Course name	Intake Date
<input type="checkbox"/> Bachelor of Business (Accounting)	___/___/___
<input type="checkbox"/> Bachelor of Business (Information Systems)	___/___/___
<input type="checkbox"/> Graduate Diploma in Professional Accounting	___/___/___
<input type="checkbox"/> Graduate Diploma of Computer Science	___/___/___
<input type="checkbox"/> Master of Accounting	___/___/___
<input type="checkbox"/> Master of Science in Computer Science	___/___/___
<input type="checkbox"/> Master of Business (Information Systems and Enterprise Resource Planning Systems)	___/___/___

NEW: Which course/start date would you like to change to?

Course name	New Intake Date
<input type="checkbox"/> Bachelor of Business (Accounting)	___/___/___
<input type="checkbox"/> Bachelor of Business (Information Systems)	___/___/___
<input type="checkbox"/> Graduate Diploma in Professional Accounting	___/___/___
<input type="checkbox"/> Graduate Diploma of Computer Science	___/___/___
<input type="checkbox"/> Master of Accounting	___/___/___
<input type="checkbox"/> Master of Science in Computer Science	___/___/___
<input type="checkbox"/> Master of Business (Information Systems and Enterprise Resource Planning Systems)	___/___/___

CURRENT: Which course would you like to change?

Course name	Intake Date
<input type="checkbox"/> Graduate Certificate in Business Management	___/___/___
<input type="checkbox"/> Graduate Certificate in Project Management	___/___/___
<input type="checkbox"/> Graduate Diploma in Business Management	___/___/___
<input type="checkbox"/> Graduate Diploma in Project Management	___/___/___
<input type="checkbox"/> Master of Business and Project Management	___/___/___
<input type="checkbox"/> Master of Business Management	___/___/___
<input type="checkbox"/> Master of Business Administration	___/___/___

NEW: Which course/start date would you like to change to?

Course name	New Intake Date
<input type="checkbox"/> Graduate Certificate in Business Management	___/___/___
<input type="checkbox"/> Graduate Certificate in Project Management	___/___/___
<input type="checkbox"/> Graduate Diploma in Business Management	___/___/___
<input type="checkbox"/> Graduate Diploma in Project Management	___/___/___
<input type="checkbox"/> Master of Business and Project Management	___/___/___
<input type="checkbox"/> Master of Business Management	___/___/___
<input type="checkbox"/> Master of Business Administration	___/___/___

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Reason for change of course/ start date:

DECLARATION

- I accept that the course fee for my new course may differ from the original fee paid and that the difference must be paid before a new eCoE can be issued;
- I accept that the course structure of the new course may change;
- This request is subject to ECA's approval. If approved, a new offer letter with course(s) details will be issued.
- I authorise ECA to transfer any unused pre-paid fees from my previous course to the new course(s) selected.

Signature*		Date*	___/___/___
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HOW TO USE THIS FORM

- This form is to be used by:
- International students who have received an offer from ECA, to change the start date of their enrolments or change their course preference.

NOTE:

- You will need information contained in your offer letter to complete this form.
- If you change the course start date for more than 12 months, you will need to submit a new form from ECA. We will require details of any academic or work activities.

Please complete this form and email it to coursechanges@eca.edu.au

