



Request for change to Confirmation of Enrolment (CoE)

Once completed please forward to your academic college for assessment

1. Personal details

The information in the fields below will not be considered by the University as a request to update your student record. You will need to log into your ISIS account before submitting this form and update your details with your current Australian residential and postal address and Australian phone number.

| | | | |
|---------------|------------------------------------|---------------|----------------------|
| Family name | <input type="text"/> | Given names | <input type="text"/> |
| Date of Birth | <input type="text"/> DD/MM/YYYY | University ID | <input type="text"/> |

2. Citizenship and Visa details

| | | | |
|-------------------------|----------------------|------------------|------------------------------------|
| Country of birth: | <input type="text"/> | Passport number: | <input type="text"/> |
| Country of citizenship: | <input type="text"/> | Visa expiry | <input type="text"/> DD/MM/YYYY |

3. Reason for change (Please tick **ONE** option below)

| |
|--|
| <input type="checkbox"/> I did not previously have an CoE |
| <input type="checkbox"/> I will complete my program earlier than originally expected |
| <input type="checkbox"/> I have failed one or more courses |
| <input type="checkbox"/> Other: |
| <input type="checkbox"/> I have been on program leave and need a new CoE. I will return in: Semester 1: YYYY Semester 2: YYYY Other: Session YYYY |
| <input type="checkbox"/> I require: |
| <input type="checkbox"/> An onshore CoE (for visa extension/application in Australia) |
| <input type="checkbox"/> An offshore CoE (for visa extension/application outside of Australia) - Country of application: |

4. Student declaration

I certify that the information supplied by me on this form is complete and true. The Australian phone number, Australian residential and postal address that I have provided on my ISIS account are current and correct.

| | | | |
|---------------------|----------------------|------|------------------------------------|
| Student's Signature | <input type="text"/> | Date | <input type="text"/> DD/MM/YYYY |
|---------------------|----------------------|------|------------------------------------|

5. Office use only

| | College DA 1 | College DA 2 | STAR : Processed on system | |
|-------------------------------|--------------|--------------|----------------------------|--|
| Units required for completion | | | | |
| Expected completion date | | | | |
| Name | | | | |
| Signature | | | Name | |
| Date | | | Date | |