



STUDENT CoE VARIATION REQUEST FORM

STUDENT DETAILS	
First Name:	Last Name:
Student ID:	DOB:
Course Name:	
Residential Address	
Town/City:	Postcode:
Email Address:	Mobile Number:
Agency Name:	

CoE VARIATION DETAILS	
Current Course Completion Date:	
Proposed Course Completion Date:	
Please specify reasons for request (please attach relevant supporting evidence):	

STUDENT DECLARATION	
Student Signature:	
Date:	

PLEASE ALLOW 5 WORKING DAYS TO COMPLETE YOUR REQUEST.

NOTE: Requests will not be processed if outstanding fees have been accumulated. Please refer to EEI's Tuition Fees Payment & Refund Policy.

OFFICE USE ONLY

Based on the academic records of the student in the system, the proposed completion date is attainable if the student passes all subjects in the proposed timeframe. The request meets the requirements as outlined on the Student Enrolment Policy.

Reviewed and verified by (staff name):	
Date:	
Approved by Registrar:	