



Australian College of Culinary and Management

RTO Provider No- -45886 – CRICOS Provider No-04038J

Extension of Electronic Confirmation of Enrolment (eCoE) Form

Note: This form is to be used by continuing students applying for an extension of an ECOE in an existing course.
For more information, please visit <https://www.accm.vic.edu.au/policies>

Please fill out your personal details below.

Student ID Number: CNY3000 _____ Date of Birth: ____/____/_____

Family Name: _____

Middle Name: _____

Given Name: _____

Passport Number: _____ Passport Expiry Date: ____/____/_____

Address in Australia:

Street Name: _____ State: _____ Post Code: _____

City Name: _____ Contact number: _____

Email Address: _____

Have you paid applicable fees and charges? Fee payment receipt must be attached with this form. Yes No

Course Name/Code: _____

Reason for extension:

I confirm that I have provided correct information and I have discussed my academic progression with my ACCM staff and have read and understood the information contained in this form.

Student Name _____

Student's Signature _____

Date: ____/____/_____

Note: Your new updated CoE will be Send through e-mail.

Office use:

Course Progression details to be completed by ACCM staff:

Has an Intervention strategy been implemented? Yes No

Please provide any other reason for the CoE extension:

Based on the information provided by the student and my academic assessment of the student's progress, he or she is expected to complete their course or program by the end of the study period and year ____/____/_____
The information provided below will be used in determining the student's course duration for extension of student visa application. Refer to Standard 9, National Code–Completion within the Expected Duration of Study
<https://www.legislation.gov.au/Details/F2017L01182>

Number of Unit(s)/course(s) required to study to complete the course/program. Include units from current semester.

Study Period/Term	Units Name	Unit Names
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

To be completed by Staff Name:

Current CoE course start date: ____/____/____

Current Course end date : ____/____/____

Revised CoE course Start date: ____/____/____

Revised course end date : ____/____/____

ACCM Staff Name: _____ Staff Signature: _____

Date: ____/____/____

Note: Please update the Student support, Student file and Student management system.

If any comments:
