

Application for new Confirmation of Enrolment (COE) – Enrolled students only

Please read all sections of this document. Incomplete forms will not be processed and it may delay your visa application process.

Please note all sections of this form <u>must</u> be completed and all necessary information must be provided at the time the form is submitted to the Program Coordinator, either in person or by email at enrolments@mit.edu.au

Students please complete Sections 1, 2, 3, 4 and 5 of this form. Program Coordinator, please complete Section 6 of this form.

STUDENT	TO (COMPLETE				
Section 1 – Personal details (compulsory)						
Family name:		Given name/s:				
Student ID number:		DOB (DD/MM/YY):				
Telephone:						
Email address:						
Address:						
Section 2 – Immigration details (compulsory)						
Passport number: Cur		rrent visa expiry date (DD/MM/YY):				
Section 3 – Program details (compulsory)						
Program name in full:						
Reason for not completing program by end date of previous COE:						
Previous CoE start date:		evious CoE end date:				
Section 4 – Form 1545 COVID-19 Impacted Students						
I would like to be considered for Form 1545 for a nil visa application charge where my studies have been impacted by COVID-19 causing me not to complete my studies within the duration of my previous CoE.						
Section 5 – Student declaration (compulsory). Please read all the information, sign and date this form. Forms without signatures will <u>not</u> be processed.						
I have checked that I have provided the correct details and have discussed Section 3 of this form with Student HQ or my Program Coordinator. I understand that I am required to ensure that my current contact details are updated in MySC as per my visa conditions. I understand that it is my responsibility to ensure that I have the appropriate Overseas Student Health Cover and apply for a new student visa (as applicable). I have read and understood the information contained on this form.						
Student signature:		Date:				





PROGRAM COORDINATOR TO COMPLETE

Section 6 – To be completed by Program Coordinator (compulsory)

The information below will be used by International Student Compliance staff as a guide to the length of time required on the new COE, required for the student's visa application. Please refer to the University's Completion Within the Expected Duration of Study Procedure

http://polic	y.federation.edu.a	u/learning and teach	ing/student_appeals	s/standard_8/ch01	I.php	
Terms and	courses student is	required to undertake	to successfully con	nplete program. Ple	ease include study period.	
Term (eg. 1920, 2005) and proposed courses		Term and proposed courses:				
study (eg.	failed 2 courses, pl	why the student was u acement delayed to ac n for extension has no	ademic progress). F		n the expected duration of cocessed if sufficient	
Program (Coordinator comme	ents:				
The stude		strategies in the follov	ving semesters (if int	ervention is not in	fdlGrades, please provide a	
copy with	unis iorinj.				I	
Term:		Term:	Term:		Term:	
	nt had reduced load ntervention, etc.):	ds in the following sem	esters (reasons may	inc. courses not b	peing on offer, medical	
Term:	Reason for reduced load:		Term:	Term: Reason for reduced load:		
Term:	Reason for reduced load:		Term:	Reason for reduced load:		
The stude	nt failed the following	ng number of courses:				
Term:	# courses failed:		Term:	Term: # courses failed:		
Term:	m: # courses failed:		Term:	Term: # courses failed:		
					alid reason as per the above rogram by the following date	
Program C	coordinator:					
Signature:			Date:			





INTERNATIONAL STUDENT COMPLIANCE TO COMPLETE						
Current COE end date:	New COE end date:					
New COE issued:	Approx. fees remaining:					
Do the reasons provided by Student HQ/Program Coordinator match the student's circumstances? Yes \Box No \Box						
If the reasons provided do not match the student's circumstances, please provide more detail and elaborate of the other factors that contribute to the student requiring an extension:						
International Student Compliance staff:						
Signature:	Date:					