# 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 Student Services team, either in person or by email at ADLStudentServices@iibit.edu.au

Students please complete Sections 1, 2, 3, 4 and 5 of this form. Student Services 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: | Current 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: | Previous 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 ACADEMIC COORDINATOR TO COMPLETE

**Section 6 – To be completed by Student Services (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://policy.federation.edu.au/learning_and_teaching/student_appeals/standard_8/ch01.php

**Terms and courses student is required to undertake to successfully complete program. Please include study period.**

| Term (eg. 1920, 2005) and proposed courses | Term and proposed courses: |
|---|---|
| | |
| | |
| | |

**Please provide reasons as to why the student was unable to complete their program within the expected duration of study (eg. failed 2 courses, placement delayed to academic progress). Forms will not be processed if sufficient information and a valid reason for extension has not been provided.**

Student Services comments:

**The student had intervention strategies in the following semesters (if intervention is not in fdlGrades, please provide a copy with this form):**

| Term: | Term: | Term: | Term: |
|---|---|---|---|

**The student had reduced loads in the following semesters (reasons may inc. courses not being on offer, medical reasons, intervention, etc.):**

| Term: | Reason for reduced load: | Term: | Reason for reduced load: |
|---|---|---|---|
| Term: | Reason for reduced load: | Term: | Reason for reduced load: |

**The student failed the following number of courses:**

| Term: | # courses failed: | Term: | # courses failed: |
|---|---|---|---|
| Term: | # courses failed: | Term: | # courses failed: |

Based on my assessment of the student's progress, I consider that the student has a valid reason as per the above procedure for extending their studies and a reasonable expectation of completing the program by the following date:

**Program Academic 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 ☐          No ☐

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:** |