INSTRUCTIONS
This form is to be used to obtain a new Electronic Confirmation of Enrolment (eCOE) for the purpose of extending a student visa. Application for visa extensions will only be processed 28 days before the original visa expires.

- Complete all required details below and overleaf.
- Return completed form with relevant program authority recommendations to the Graduate Research School.

Incomplete and/or undocumented applications will NOT be accepted.

IMPORTANT
- You must be enrolled full time. Students who are not correctly enrolled will not be issued with a new eCOE.
- Your new eCOE will be emailed to your student email account or you may collect in person from the Graduate Research School reception.

Overseas Student Health Cover (OSHC)
Australian Government law requires international students and their dependents undertaking formal studies in Australia to purchase and maintain OSHC for the duration of their studies, from the time of arrival in Australia.

All students should provide proof of OSHC directly to the Department of Immigration and Citizenship (DIAC).

<table>
<thead>
<tr>
<th>Personal Details</th>
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<tbody>
<tr>
<td>Student ID:</td>
</tr>
<tr>
<td>Family Name:</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
</tr>
<tr>
<td>Postal Address:</td>
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<tr>
<td>Contact Phone Numbers (day):</td>
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<tr>
<td>Student Email:</td>
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<table>
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<tr>
<th>Program Details</th>
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<tbody>
<tr>
<td>Program Name:</td>
</tr>
<tr>
<td>Program Code:</td>
</tr>
<tr>
<td>Date of Commencement of Program:</td>
</tr>
<tr>
<td>Anticipated Date of Completion:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Visa Details</th>
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<tbody>
<tr>
<td>Original Student Visa Valid: FROM: <em><strong><strong>/</strong></strong></em>/______ TO: <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
<tr>
<td>If you are not currently on a Student Visa please specify your current visa type:</td>
</tr>
<tr>
<td>Please indicate your reason for applying for a new electronic confirmation of enrolment:</td>
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<tr>
<td>☐ Exceeded normal program duration</td>
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<tr>
<td>Please note: Extensions can only be approved in limited circumstances and are at the discretion of DIAC. Please submit documented evidence relating to your extension with this application.</td>
</tr>
<tr>
<td>☐ Program Transfer within UNSW</td>
</tr>
<tr>
<td>☐ Resuming studies after a period of leave</td>
</tr>
<tr>
<td>☐ Other:</td>
</tr>
</tbody>
</table>
**VISA AMENDMENT/EXTENSION REQUEST FORM**

**Passport Details**
- Passport Number: 
- Passport Expiry Date: ______/ ______/ ______ (dd/mm/yyyy)

**DIMA Office**
- Please indicate the DIAC Office where you will be submitting your application: _______________________________
- If your preferred office is overseas please indicate the City and Country. If you do not indicate a DIAC Office it will be assumed that you will be submit your application at Lee Street SYDNEY

**PLEASE NOTE**
- If you wish to stay in Australia for a graduation ceremony, you must apply for a Tourist Visa from DIAC. DIAC will not give you an extension on your Student Visa for graduation purposes.
- You may need to provide DIAC with an official academic transcript or proof of graduation, of which you can obtain from the University.

**Student Declaration:**
- I certify that the information supplied by me on all parts of this form is correct and true to the best of my knowledge. I understand that any false statement may result in:
  - the University notifying DIAC about my false claims
  - a charge of breach of discipline or academic misconduct made against me

  SIGNATURE:___________________________________________________   DATE:___________________________

**TO BE COMPLETED BY PROGRAM AUTHORITY OR SUPERVISOR**
- Can you verify that the information provide on this form is accurate:  
  - YES  
  - NO
- If the extension request is due to compassionate and compelling reasons, can you confirm the details provided  
  - YES  
  - NO
- Comments: ___________________________________________________________________________________

Please indicate the student’s expected date of completion if s/he fulfills all future requirements in minimum time (eg. End of Session 1, 2013 or July 2013) _________________________________________________________________________

**Full Name:** _________________________________________     **Signature:** ___________________________________________

**Position Held:** ______________________________________    **Telephone:** _______________________   **Date:** _____________

**School Stamp:**

**OFFICE USE ONLY:**

**PART 1 (TO BE COMPLETED WHEN STUDENT SUBMITS FORM AT COUNTER)**
- **Outstanding Fees:**
  - YES
  - NO  
  - (if YES) Amount $_______________
- **Same Program:**
  - YES
  - NO  
  - (if NO Please ensure this is forwarded to ESOS for processing)

**Enrolment:**
- Full Time
- Part Time
- Not Enrolled

**PART 2 (TO BE COMPLETED BEFORE PROCESSING eCOE)**
- **CRICOS Code:**
- **Fees Remaining:** $
- **Previous eCOE #**
- **Visa Evidence #**

**Same Passport #:**
- YES
- NO

**New eCOE no.:**

**Processed on:**

**Processed by:**