LIFETIME INTERNATIONAL TRAINING COLLEGE



Brisbane: 478 Logan Road, Greenslopes QLD 4120 Tel | Fax: +61 7 3847 2080 Postal Address PO Box 125 Stone Corner QLD 4120

E: admin@lifetime.qld.edu.au W: www.lifetime.qld.edu.au RTO: 5877 CRICOS: 02762G ABN: 74 080 098 120

STUDENT LEAVE FORM

Student Details:	
Family name:	Given name(s):
Student ID: LT	
Current street address:	
State: QLD Post code:	
Telephone:	Mobile:
Email:	
I wish to apply for leave from/ to/ to	
Reason	
Documented proof MUST be attached with this form (Please tick):	
Medical certificate De	eath certificate Other
I am aware that I will need to inform the College in advance (minimum 2 working days) if I need to extend my leave or this will be marked as an absence, which will affect my attendance and may cause my CoEs to be cancelled. This will then affect the status of my student visa, where I will need to seek advice from DEER.	
Student Signature	 Date
For Office use only:	
I am aware and have approved/ disapproved leave/s during the academic year to the student as mentioned above.	
Authorized signature:	
Date:	