

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

REQUEST TO CHANGE CLASS/COURSE FORM

Note: Students must submit this form to the Registrar/Administration

You may change course before enrolment or within 30 days after enrolment. (30 days cooling off period after enrolment) free of charge.

Note: An administration fee of \$50.00 applies if you decide to change course after this cooling off period for every change.

Student Details

| | | | |
|-------------|---|-------------------|-----|
| Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | DOB | |
| First Name | | Nationality | |
| Family Name | | Student ID Number | LT- |
| Email | | Mobile No. | |
| Address | | | |

Current Course/Class details

| | | | |
|-----------------|-------------|------------|--|
| Course | | | |
| CoE | Start Date: | End Date : | |
| Class Allocated | | | |
| Trainer Name | | | |

Requested Course/Class details

| | | | |
|---------------------|-------------|-----------|--|
| Requested Course | | | |
| Preferred timetable | Start Date: | End Date: | |
| Class Allocated | | | |
| Trainer Name | | | |

Reason(s)

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Attach evidence

| | | | |
|---------------|--|-------|--|
| STUDENT SIGN: | | DATE: | |
|---------------|--|-------|--|

Office Use Only (to be completed by Registrar)

I approve/disapprove the change of course/class.

| | | | |
|---------------------|------------|-----|--------------|
| New class allocated | | | |
| Teacher | | | |
| Dates allocated | Start date | / / | End date / / |

| | |
|------------|--------|
| Name: | Notes: |
| Signature: | |

