ITHEA Corporation Pty Ltd trading as Institute of Tertiary & Higher Education Australia • T: +61 3 9650 3900• F: +61 3 9650 3199• E: info@ithea.edu.au • W: www.ithea.edu.au City campus: Level 11, 168 Lonsdale St, Melbourne, Victoria, 3000, Australia • CRICOS Provider Code: 02892J • RTO Number: 22037 • ACN: 125 368 569 • ABN: 40 125 368 569



Request for Leave Form											
		orm ITHEA about a					ve during	your cou	rse. For	further details	
Student de		and Lateness poli	cy in your sic	<u>Jaeni na</u>	inabc	OK.					
First Name:				Last Name:							
Address:											
Student Number:				Select ONE:				Dome	estic	International	
Email:				Telephone/Mobile:							
						1					
Code: Course:				Trainer:					Date:		
Request for											
Reason for le	ave:										
Supporting documentation provided											
Dates/s of Absence/Leave:				om		_/	_/	То		_//	
Declaration:	declare th	ne information I	have prov	vided o	n thi	s form i	is correc	t I will r	notify I	THFA	
		her change in r									
Student Signature				Date:							
Siddelli Siglid	1016						Dule.				
Data va asina											
Date received: Received by:											
PLEASE NO	TE:										
★ All leave	requests	should be refe	erred to the	e Stude	ent A	Nanag	er for pr	ocessir	ng.		
OFFICE USE											
	OIVE					Unsatisfactory/Not up to date (include details					
Course progress:	:	Satisfactory/Up to date				below)					
Fees:		Owing				Up to date/Paid in Full					
CoE affected?		NO – no further action needed				YES - PRISMs notified					
Leave Status: Approved Not Approved ☐ Approval/refusal letter issued ☐ Attached										Attached	
Comments:											
Approved by: Positiv					n:				Date:		
Entered on VETTRAK by:								Date:			