

Le' Culinaire Hospitality Institute RTO# 45326 / CRICOS# 03667K / ABN 66 615266790 P: +61 02 9211 3945 E: admin@leculinaire.com.au A: 424 Harris Street Ultimo NSW 2007 W: www.leculinaire.edu.au

CHANGE OF CLASS TIMETABLE REQUEST

Family Name:		Given	Name:
Student ID:		E-mai	:
Contact Numb	er:		
	-		
Course Enrolle			
Current Class:			
Proposed Clas	s:		
Reason(s) for o	change:		
Student Signature:/ Date://			e://
		····	
OFFICE USE ONLY			
[
Decision:	Approved	Approved with Conditions	Not Approved
Training Coordinator Signature:			Date: //
			Juloi //
Conditions:			

Document uncontrolled when printed