

Electrical Training Institute

Class Change Form

(This form must be submitted 14 days in advance of your regularly scheduled class date)

Apprentice name: _____

Date of normal class: _____ #: _____ Week: _____

Date of proposed class: _____ #: _____ Week: _____

Reason for class change request: _____

Apprentice signature: _____

Today's date: _____

For administration only

Date received: _____ Date approved: _____

Training Director signature: _____

Date entered: _____ Admin Initials: _____