



Student Name: _____ Change Effective Date: _____

Change

Program Change ** Please complete the "Training Plan Update Request Form"

Schedule Change***
(Note: If sponsored student and increasing hours, must have sponsor signature below)

Student request (1st 2 schedule changes/**No Charge**)
 Student request (3rd change or more/**\$5.00 Change fee**)
 Required by High School or TTC/**No Charge**
 Required by Work/**No Charge**
 Required by Military/**No Charge**

Reinstatement *** Verify enrollment objective: _____
(Need emp info if related)

Required Room Change****

Campus Change****

Company Name: _____
Address: _____
City/State/Zip _____
Phone #: _____
Job Title: _____
Supervisor: _____
Start Date: _____ Wage: _____

Comments or notes: _____

Check box that applies:

Sponsored student - no change in tuition rate. (No signature required from sponsor)

My sponsor has approved this addition/subtraction of hours to my schedule.

Sponsor Signature: _____ Date: _____

I certify that I am self-sponsored.

Student's Signature: _____ Date: _____

Note to student: By signing this form the above student acknowledges that they have contacted their sponsor regarding these changes. Student has discussed and received approval from their sponsor regarding the change(s) Or in rare cases that the sponsor denies payment for the change, the student named above will be solely responsible.

For Office Use Only		
Date info taken: _____	Via: _____	Taken by: _____
** Program Change	<input type="checkbox"/>	Student Services notified
*** Schedule Change	<input type="checkbox"/>	New Schedule attached
	<input type="checkbox"/>	Student Services notified
**** Required Room Change & Campus Change	<input type="checkbox"/>	New Schedule attached
	<input type="checkbox"/>	Student Services notified
Please make all appropriate copies before forwarding to Student Services.		