

# Apprenticeship Class Change Request

To request a class change please complete this form. Email it back to [Apreistrar@goweca.com](mailto:Apreistrar@goweca.com). Your request will be reviewed, and a decision will be made to approve or deny within 7 business days. Please attach any documentation needed to support your request.

Apprentice Name			Apprentice ID #		
Class Year (check one)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Contractor Name and Phone Number					
Current Class Dates and Location	/ / to / /		Campus Location:		
Form Completed By:			Phone #:		
Contractor is Responsible to make sure student is aware of class change.	Has student been notified of Class Change?		YES	NO	
Reason for Request					
<input type="checkbox"/> Preplanned Event/Contractor Hardship <input type="checkbox"/> Documentation Attached					
Explain:					
<input type="checkbox"/> Childbirth/Child Adoption <input type="checkbox"/> Documentation Attached					
Explain:					
<input type="checkbox"/> Severe Illness/Death <input type="checkbox"/> Documentation Attached					
Explain:					
For WECA Use Only					
Date AR Received Class Change Request	/ /				
Next Available Class Dates	1st Semester			2nd Semester	
	/ / to / /			/ / to / /	
Who Is Requesting the Class Change? (check one)	<input type="checkbox"/> Apprentice			<input type="checkbox"/> Contractor	
Contractor Status	<input type="checkbox"/> Member			<input type="checkbox"/> Subscriber	
Documentation Attached (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Decision (check one)	<input type="checkbox"/> Approve <input type="checkbox"/> Deny			Reason:	
Notification calls made to:	<input type="checkbox"/> Contractor			<input type="checkbox"/> Apprentice	
Staff Signature			Manager Signature		
				Date	