

Apprenticeship Class Change Request

To request a class change please complete this form. Email it back to 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