HVAC & Metals Institute

Class Change Request Form

SUBMITTING FORM DOES NOT GUARANTEE THAT THE CLASS WILL BE RESCHEDULED

Rescheduling class may hold the apprentice in rerate or delay their turn out

Must be submitted at least one week prior to class start

Apprentice Name:_____

Apprentice Phone:_____

Current Class Date:_____

Supervisor Name:_____

Supervisor Phone:_____

Company:_____

Reason for class change request:_____

_____

_____

Supervisor Signature:_____

Apprentice Signature:_____

Must be signed by both

Fax: (503) 257-1302 ***or*** email: dboyd@sheetmetal-16.org

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