1) TO:	Fax:	2) TO:	Fax:	3) TO:	Fax:
FROM:	Fax:	FROM:	Fax:	ÉROM:	Fax:

## STATE WORKFORCE DEVELOPMENT DIVISION (WDD) - ETF AMENDMENT TO AN APPROVED COURSE REGISTRATION -REQUESTING A CHANGE IN COURSE SCHEDULE

*INSTRUCTIONS:* This form is to be used only to reschedule courses that were previously approved by ETF; original course title(s), hours and prices must remain the same. When submitting this request, attach the original course registration to this form and fax to the local office where the original registration was submitted. Before attending class, this request to reschedule course dates/times must first be approved in writing by WDD/ETF.

SECTION I. (Please print or type)						
Name of Participant:	Res. Ph	Res. Ph (808)				
Last, First, Middle Ir						
Address:						
Company Name:	Bus Ph (808)	) Fax (808)				
Company Address:	Contact	Contact Name:				
The undersigned hereby authorizes WDD/ETF to apply payment noted in Section III of this form to rescheduled courses described						
below. Authorized Signature		Date: /				
NAME OF TRAINING VENDOR (School):						
		s Dates Rescheduled Class Dates				
Course No. & Section						
SECTION II. TO BE COMPLETED BY TRAINING PROVIDER:						
		Date / / /				
(Print/Sign Name of Authorized Representative)						
SECTION III. (To be completed by WDD/ETF only	WDD/ETF only) (If applicable)					
O # Local Office Control # Amended PO#		Amended PO#				
Original enrollment approved by	WDD, Local Office	: Date://				
Paid by Check No in the amount of the amount of the second s	ount of \$	Dated //				
SECTION IV. (To be completed by WDD/ETF only	y)					
Your request to reschedule the above stated course(s) has been approved by:						
	Branch/	-				
(WDD/ETF Representative)		DATE				

Reschedule9/18/08