

1) TO: _____ Fax: _____ 2) TO: _____ Fax: _____ 3) TO: _____ Fax: _____
 FROM: _____ Fax: _____ FROM: _____ Fax: _____ FROM: _____ 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 (808) _____
 Last, First, Middle Initial

Address: _____

Company Name: _____ Bus Ph (808) _____ Fax (808) _____

Company Address: _____ 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): _____

Course No. & Section	Course Title	Original Class Dates	Rescheduled Class Dates

SECTION II. TO BE COMPLETED BY TRAINING PROVIDER:

Rescheduling of courses approved by _____ Date ____/____/____
 (Print/Sign Name of Authorized Representative)

SECTION III. (To be completed by WDD/ETF only)

PO # _____ Local Office Control # _____ (If applicable) Amended PO# _____

Original enrollment approved by _____ WDD, Local Office: _____ Date: ____/____/____

Paid by Check No. _____ in the amount of \$ _____ Dated ____/____/____

SECTION IV. (To be completed by WDD/ETF only)

Your request to reschedule the above stated course(s) has been approved by:

_____, Branch/
 _____, Local Office: _____ DATE _____
 (WDD/ETF Representative)