



Correction Form

Date: _____

Student Name: _____

Student ID or SS #: _____

Requested By: _____

Request to Change:		<input type="checkbox"/> Attendance	<input type="checkbox"/> Schedule
<input type="checkbox"/> Demographics (remember phone # also)		Period(s): _____	Period(s): _____
<input type="checkbox"/> Name Change (requires proof)		Class Code(s): _____	Class Code(s): _____
<input type="checkbox"/> Other		Effective Date: _____	Effective Date: _____
Withdrawing - use Training Plan/Withdrawal Form		Instructor(s) Approval: _____	
Enrollment/Training Plan Change - Use Training Plan Update Form		List any absences during this time period: _____	

Existing Data: (or attach print out): _____

Correct Data: _____

Reason for Change: _____

For Records Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected(Student Services)	<input type="checkbox"/> Copy to Accounting
Comments: _____		
Method of Verification:	Agency	File
	Other	Teacher
Entered By _____	Date Entered: _____	
Attendance Fixed by: _____	Dated Entered: _____	