

MWCA SEMINAR CLASS CHANGE FORM

Students' Name _____ Date _____

Students' Seminar Number _____

Name of Class/ Instructor FIRST registered in _____

Name of Class/ Instructor requested to CHANGE INTO: _____

Student Signature to verify change _____ Date _____

Please mail signed form to: Mary Lou Mulick, 1829 Andres Rd, Belding, MI 48809

You, the student, will be notified either by e-mail or phone when your requested change has been made. Changes can only be made if there is room in the requested class and the guaranteed class size has been met in the original class.

OFFICE USE ONLY

Name of MWCA Officer making change: _____ Date _____

Name of MWCA Officer agreeing to the change: _____ Date _____