

Change Request Form

Type of Change Requested

_____ Name/Address Change _____ Alternation Change _____ Other

Instructions for Students:

Please complete the following information and submit it to the **UAHuntsville Career Development Office**. Name and address changes will be updated in the Co-op database. All other requests will be reviewed by the Career Development Office and – if approved – sent to your employer for review. You will be notified, in writing, of the final decision. The change will become effective only when all parties have signed this request and a new alternation schedule is on file with the Career Development office. **Submitting the request is only the first step in the process; it does not imply or guarantee approval.** The Career Development Office and/or your employer reserve the right to deny the request.

Note: If you are not returning to work for a regularly scheduled work term, you must give your employer at least one full semester's notice.

Student Name: _____ Student #: _____

Address: _____ City, State, Zip: _____

Phone: _____ Employer: _____

Major: _____ # of Work Terms Completed: _____

Parallel/Alternating: _____

Change Requested: _____

Reason: _____

Effective Date and Semester: _____ Graduation Date: _____

Temporary or Permanent Change? _____

(If you are making a change in your rotation, you must complete a new Alternation Schedule)

Student Signature: _____ Date: _____