

INFOSERVE TECHNOLOGIES INSTITUTE

39-20 Main Street, 2nd Floor, Flushing, NY 11354

Tel: (718) 888-9495 Fax: (718) 888-0127

Class Change Application Form

Student Name: _____

Original Class Title: _____

Class Starting Date: _____

Last Date of Attendance, if Applicable: _____

New Class Title: _____

Class Starting Date: _____

First Date of Attendance, if Applicable: _____

Applicant Signature: _____

Reason for Changing Course:

Class Change Requested by Agent (Name & Signature): _____

Director's Approval Signature: _____

Change has been applied by Smriti. Date & Initial: _____

Information has been updated on SEVIS. Date & Initial: _____

Notice: Students cannot change courses after two weeks of their course start date.