



SUBSTITUTION FORM

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*This document may contain privileged and/or confidential information.
It is intended solely for the use of CFTWS and will not be shared without written permission.*

CURRENT STUDENT INFORMATION:

Student Name (please print): _____

Organization Name: _____

Branch Location: _____

Phone Numbers: (____) _____ (____) _____
(Business-Required) (Home or Cell)

Course Name: _____

Course & Section Numbers: _____ / _____ Start Date: _____

Course Location (City) _____

Reason for Substitution: _____

SUBSTITUTE STUDENT INFORMATION:

Student Name (please print): _____

Professional Title: _____

Branch Location: _____

Phone Numbers: (____) _____ (____) _____
(Business-Required) (Home or Cell)

Email Address: _____
By providing your e-mail address you are giving CFTWS permission to confirm your registration and to send periodic curriculum updates.

A CFT course may require a prerequisite (as described below the course description). If so, have you completed the prerequisite?
 YES NO (If Yes, attach a Prerequisite Completion Form. If No, CFT will contact you.)

SUBSTITUTION POLICY:

In the event a student has to withdraw prior to the start of the offering, CFTWS encourages a substitute to attend the offering to avoid loss of tuition. To qualify as a substitute, the student must meet all, if any, stated prerequisite requirements for the offering. **The substitute must complete this Substitution Form and have it signed by his/her Manager or Personnel Director.** Mail or fax this completed form to CFTWS prior to the start date of the offering or submit it to the instructor at the first session. A substitute is not permitted once the offering begins.

Substituting Student Signature: _____ Date: _____

Approved By: _____ Date: _____
Manager/Personnel Director