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NOTIFICATION OF CHANGES IN COURSE SCHEDULE

School Name _____ **School Number** _____

Original Date (MM/DD/YY)	Proposed Date (MM/DD/YY)	Location	Proposed Time of Reschedule	OPOTC Topic Number & Title	Instructor Change *	Instructor(s) (Last name, first name, middle initial, OPOTC number, & expiration date)	Date Field Agent Notified

*** A = Add (attach OPOTC instructor certificate); D = Delete; C = Change (attach OPOTC instructor certificate)**

_____ _____

School Commander Name Typed/Printed School Commander Original Signature