



Instructor Change Activity Class Form

Contract Instructor Name: _____

Cancel this Class? Yes or No Refund all Students? Yes or No

Transfer Students? Yes or No Other Changes? Yes or No

Cancelled Class (From)

Class Name: _____ Class Date: _____

Class Location: _____ Class Time: _____

Transferring Class (Into)

Class Name: _____ Class Date: _____

Class Location: _____ Class Time: _____

Student's First and Last Name From: _____ Into: _____

Student's First and Last Name From: _____ Into: _____

Refund These Students:

Student's First and Last Name Student's First and Last Name Student's First and Last Name

Other or Changes (explain)

By Checking this box, you are approving these changes. _____

Signature

Staff Completing Transactions: _____ Date: _____ Time: _____

Please email this form to CONTRACTCLASSES@SANTA-CLARITA.COM