DAVE YOST
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Notification of Changes in School Schedule

School Name _____ School Number _____

Original Date (MM/DD/YY)	Proposed Date (MM/DD/YY)	Location	Proposed Time of Reschedule	Topic Number & Topic Title (abbreviate where necessary)	Reason for Change *	Instructor(s) Name, Instructor(s) Number & Expiration Date	Date & Method Comp. Off. Notified

*** If adding or changing instructor, attach OPOTC instructor certificate.**