



## Member Reclassification Request

Date: \_\_\_\_\_

Name: \_\_\_\_\_

UA Membership Number: \_\_\_\_\_

### Reclassification Information

Current Status: \_\_\_\_\_

### New Classification

1<sup>st</sup> Year \_\_\_\_\_

2<sup>nd</sup> Year \_\_\_\_\_

3<sup>rd</sup> Year \_\_\_\_\_

4<sup>th</sup> Year \_\_\_\_\_

JM \_\_\_\_\_

RS JM \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Please email the completed form to Heather Carlson @ [heather.carlson@ept488.ca](mailto:heather.carlson@ept488.ca)

