

CTP VOUCHER – UNIVERSITY/COLLEGE NAME CHANGE FORM

Please allow 48 HOURS for your request to be processed.

APPLICANT INFORMATION:

Last Name:	First Name:
File Number:	Social Security Number (Last 4 digits):
Telephone Number:	DOE Email Address:

CURRENT CTP VOUCHER INFORMATION:

School Name:	Semester:	Year:
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Please be advised that I will no longer be attending _____, and I understand that the New York City Public Schools (New York City Department of Education) is NOT financially responsible for covering any expenses to this college on my behalf.

UPDATED CTP VOUCHER INFORMATION:

I would like to have my CTP voucher application updated to reflect that I will now be attending the following:

College/University:	Semester:	Year:
Signature of Applicant:	Date:	

SIGNED AND COMPLETED FORMS SHOULD BE RETURNED VIA THE FOLLOWING:

Email: CareerTraining@schools.nyc.gov

Subject Line: CTP Voucher Name Change Request –NAME (FIRST and LAST)

FOR OFFICIAL USE ONLY:

Voucher Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Voucher Re-Issued:
Application Status: Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Remarks:	
Processed by:	Date:

THE CAREER TRAINING PROGRAM

The Office of Scholarships, Incentives, and Pupil Personnel Services

NYC Public Schools
 Division of Human Resources
 HR School Support
 65 Court Street | Brooklyn, NY 11201
 (P) 718-935-2449 | (F) 718-935-4262
CareerTraining@schools.nyc.gov
Teachnycprograms.net

