

## 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 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](mailto:CareerTraining@schools.nyc.gov)

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

### FOR OFFICIAL USE ONLY:

Voucher Updated: [ ] Yes [ ] No	Date Voucher Re-Issued:
Application Status:      Approved: [ ]	Denied: [ ]
Remarks:	
Processed by:	Date:

#### THE CAREER TRAINING PROGRAM

The Office of Scholarships, Incentives, and Speech Programs

New York City Department of Education

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](mailto:CareerTraining@schools.nyc.gov)

[Teachnycprograms.net](http://Teachnycprograms.net)



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