

Course Enrollment Swap Form

Submit this form via email to: ttraining@azdot.gov



Before submitting this form, please ensure that you have previously submitted the [Course Enrollment Form](#) for your scheduled training. This form is **ONLY to be used when requesting 3 or less enrollment swaps within 1 week of the training**. If you need more than 3 swaps or the course is more than 1 week away, update your original enrollment form and resubmit it.

Enrollment swap requests are approved on a case by case basis and are not guaranteed.

Course Title:	Training Date:
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In the area below, provide the information for the employee to be removed EXACTLY as it was listed on the original enrollment form in addition to the **FULL LEGAL NAME** of the NEW employee being swapped in.

Removed Employee's Name		
Replacement Employee's Name:		
Replacement's Email Address:		Phone #:
Removed Employee's Name		
Replacement Employee's Name:		
Replacement's Email Address:		Phone #:
Removed Employee's Name		
Replacement Employee's Name:		
Replacement's Email Address:		Phone #: