



CHANGE OF EMPLOYER/REINSTATEMENT FORM

Date of Change: _____

Students Name: _____

Previous Employer: _____

Current Employer: _____

Current Employer's Address: _____

City: _____ State: _____ Zip: _____

Current Employers phone #: _____ - _____ - _____

_____ Bill my new employer for the tuition cost

_____ Bill me for the tuition cost

(Students Signature)

(Current Supervisor's Signature)

(Position)

NOTE: THE PURPOSE OF THIS FORM IS TO KEEP OFFICE RECORDS UPDATED. PLEASE FILL THIS FORM OUT AND RETURN IT TO THE MCEF OFFICE, 290 COMMERCE PARK DR., SUITE B, RIDGELAND, MS, 39157 OR FAX 601-605-2987.