

Date:

Maryland Department of Labor
Division of Workforce Development and Adult Learning
Maryland Apprenticeship and Training Program
1100 N. Eutaw Street, Room 209
Baltimore, MD 21201

Reference: **Apprenticeship Cancellation/Extension**

To Whom It May Concern:

This is to notify the Council that the status of the following apprentice has changed:

Name: Social Security Number:

Your records should be adjusted to reflect the following update:

Apprentice's term has been extended to.
New Completion Date

Apprentice should be canceled as of
Effective Date

This action has been taken for the reason noted below:

- 1. Apprentice voluntarily resigned.
- 2. Apprentice failed to make satisfactory progress in related instruction.
- 3. Apprentice failed to make satisfactory progress on the job.
- 4. Other reason(s); state briefly:

Signature

Title