



ACADEMY

# Reschedule or Transfer Form

Applications must be submitted via postal mail or secure fax at 703.245.5258.

Address NADA Academy  
8400 Westpark Drive  
Tysons, VA 22102  
Telephone 703.821.7216  
Fax 703.245.5258

OFFICE USE  
DATE

Applicants will be contacted by the Academy with details regarding application status 30 days prior to scheduled class.

## NADA MEMBERSHIP NUMBER

NADA membership or international affiliation is a requirement for enrollment. For membership information call 800.557.6232.

## STUDENT INFORMATION

PREFIX  FIRST NAME  MI  LAST NAME  SUFFIX

Mr., Ms., Mrs.

### EMAIL ADDRESS

OFFICE USE  
ID

Academy uses email to communicate time-sensitive, critical materials to students during the application and enrollment period. Provide an email address that you check regularly.

### DEALERSHIP NAME

### STREET ADDRESS (DEALERSHIP)

### JOB TITLE

### CITY

### STATE

### ZIP CODE

### PRIMARY PHONE

### INTERNATIONAL PHONE (IF OTHER THAN U.S.)

## GRADUATE REFRESHER

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GRAD CLASS NUMBER \_\_\_\_\_ (Example: DCA 171)

REFRESHER CLASS TO ATTEND \_\_\_\_\_ (Example: Week 2-Fixed Ops 1 Parts)

CLASS NUMBER AND DATE \_\_\_\_\_ (Example: DCA 193-Mar 23-27)

\$1,895 reservation fee (refunded upon course completion), additional fees apply for inclusion in NADA 20 Group composite.

## RESCHEDULING INFORMATION

\$1,000 fee for Makeup Class, Transferring Class, or Transferring Dealership will be charged.

MAKEUP CLASS \$1,000

CURRENT CLASS NUMBER \_\_\_\_\_ (Example: DCA 191)

CLASS WEEK TO MAKEUP \_\_\_\_\_ (Example: Week 2-Fixed Ops 1 Parts)

MAKEUP CLASS NUMBER AND DATE \_\_\_\_\_ (Example: DCA 193-Mar 23-27)

REASON FOR MAKEUP (REQUIRED) \_\_\_\_\_

TRANSFERRING CLASS \$1,000

CURRENT CLASS NUMBER \_\_\_\_\_ (Example: DCA 189)

CLASS WEEK TRANSFERRING TO \_\_\_\_\_ (Example: DCA 193)

CLASS WEEK TRANSFERRING TO \_\_\_\_\_ (Example: Week 3-May 11-15)

REASON FOR TRANSFER (REQUIRED) \_\_\_\_\_

TRANSFERRING DEALERSHIP \$1,000

### NEW DEALERSHIP NAME

### DEALERSHIP PHONE

### DEALERSHIP STREET ADDRESS

### DEALERSHIP WEBSITE

### CITY

### STATE

### ZIP CODE

## SPONSOR INFORMATION

SPONSOR NAME

SPONSOR SIGNATURE

DATE

