



Veteran Change in Enrollment

STUDENT NAME: _____ ID or SS#: _____

Email: _____ Phone #: _____

Please check only one term: Fall ___ Jan Plan ___ Spring ___ Summer ___

Please check the VA education benefit program you are receiving this term.

- Chapter 30 – Regular Active Duty Education Assistance
- Chapter 33 – Post 911 Education Assistance
- Chapter 31 – Disabled Veterans Vocational Rehabilitation and Employment
- Chapter 35 – Veterans’ Survivors and Dependents Educational Assistance
- Chapter 1606 – Selected Reserve Education Assistance
- Chapter 1607 – Reservist Educational Assistance
- Other: _____ (e.g. Chapter 32, Selection 903, 901, REPS, etc.)

Chapter 35 Recipients – Veteran’s Social Security Number: _____

<u>Course(s) being dropped:</u>					<u>Course(s) being added:</u>				
Dept.	Cat. #	Sec.#	Course Description	Credits	Dept.	Cat. #	Sec.#	Course Description	Credits
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Attention Chapter 33 recipients: To be eligible for your living stipend you must take at least one course in residence (on campus).

I understand that by changing my enrollment status I may cause changes to my eligibility for veteran’s education benefits and that it is my responsibility to repay any overpayments which may result because of these changes as determined by the Veterans Administration (VA).

Chapter 33 Recipients:

I acknowledge that failure to repay any overpayment may prevent my college from receiving payment from the VA, and that the college may use available financial aid funds to satisfy my charges. If financial aid is not available I will be responsible for my bill.

I hereby certify that I understand the consequences as explained above, and that all of the information I have provided on this form is complete to the best of my knowledge.

Student Signature: _____ Date: _____