

VA Notification of Schedule ChangeReturn to Student Affairs. Must be completed any time approved courses are changed.

Student's Last Name			First Name				M.I	
Student ID#			Current I	nber	_ Date			
Address:				City: _		State: Zip: _		
SSN:			VA File Number (if different from SSN):					
Check Educat	tional Assis	tance Progr	am Used:					
Chapter 30 Chapter 16 Chapter 31	(Montgomery 06 (formerly 1 (Vocational R	GI Bill) 06) ehab)	Chapter 33 (Post-9/11 GI Bill) Chapter 35 (Surv Chapter 1607 (REAP) Chapter 35 (Surv Chapter 35 (S					
decrease your your responsib to do so could	entitlement t ility to compl result in an c	to monetary to ete this form overpayment	penefits. The Value and submit it of educational	A must be to your Ce assistance		the origina ou make ch	al certification immedianges to your sched	diately. It is dule. Failure
**NC	TE: If you are	simply changi	ng sections of a	course that	has already been certified, you	do not need	to complete this form	**
If you compl	leting a nev	dy completed	or Veteran's B		r Veterans Benefits" for th 'ou are required to hav			
Department Number Section		Section	Term	Credit Hours	Course Title			
								1
								_
Advisor's Signa	ture:		Date:					_
Reducti	ion in credi	t hours:						
If you	ı are droppin	ng or withdra			tified course(s), complete t	he followin	g section of this fo	rm. <i>You do</i>
Department	Number	Section	Term	Credit Hours	Cour	se Title		
								-
								-
]
Are you droppi	ng after the	Refund Perio	d?	Yes	No			
					circumstances to the VA or the date that you withdrew			paid to you
Reason (p	lease be spec	cific)						
Student's Signa	ature:				Da	te:		