

VETERANS CHANGE OF ENROLLMENT STATUS

Name _____ SSN# _____ Date _____

Semester: Fall _____ Spring _____ Summer _____
Year Year Year

1. **Non-attendance** ___ Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

2. **Dropping classes** ___ Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

3. **Increasing credit hours** ___ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

4. **Change to audit** ___ Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

5. **Non-payment of fees** ___ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

6. **Classes not pertaining to your degree:**

Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

7. **Deployed** _____ **Date** _____ **Attach orders**

Classes to drop: Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

Subject _____ Date _____ Subject _____ Date _____

This will be kept in your VA file for Federal and State audit purposes.

Student signature: _____