ENROLLMENT CHANGE FOR VA EDUCATION BENEFITS

Student Name: ____________________________  Last  First  MI

Student ID: ____________________________  FALL 2015  SPR 2016  SUM 2016

Use this form to report a change in your enrollment status or a change in your tuition and fees assessment occurring after you are certified to receive VA education benefits for any of the terms listed below. Please indicate the term you are submitting a notice of change:

Mark each box which describes the change in your status:

☐ I certified my enrollment to receive VA education benefits and have now received a reduction or change in my tuition and fees assessment. Note: Change in assessment after certification may create a debt letter from the Department of Veterans Affairs.

☐ I certified my enrollment to receive VA education benefits but have now:  ___ increased OR ___ reduced my enrollment. I am currently registered for ___ hours as of ____________.

☐ I officially changed my declared major to ___________________________ as of ____________.

☐ I withdrew from all enrolled classes as of ____________ due to the following mitigating circumstance(s)*

☐ Being called to active duty as of: ____________.

☐ Personal health issues as of: ____________.

☐ Other issues as of: ____________.

*Mitigating Circumstances are unavoidable or unexpected events that directly interfere with a student’s pursuit of a course and are beyond his/her control. Students must submit corroborative evidence to substantiate their reasons for being unable to complete a course or courses, or receiving a non-punitive grade.

- I understand that the college must report any change in my status to the VA as early as possible;
- The Department of Veterans Affairs determines pay issues on a case-by-case basis;
- I may submit a statement with documents which may enable the VA to adjudicate my case favorably.
- I understand this is NOT an official withdrawal/drop form and I must submit an official withdrawal/drop form with the Registrar’s office.

I certify that I have read all of the information on this form and it is complete and correct.

__________________________________________  ____________________________
Student Signature  Date

www.solacc.edu  Email: certifying.official@solacc.edu  Fax: (337) 521-8992