

CHANGE REQUEST
Office of Veterans Affairs, St. Philip's College

NOTE: Your change request will not be processed unless every item is completed correctly.

BANNER ID: _____

Name _____ SSAN _____ VA Claim No. _____

Address _____ City _____ ZIP _____ [] Address Change

Telephone: Home _____ Work _____ E-mail _____

Degree: (Circle one) AA AS AAS CC Other _____

Major: (ex. Pre-Nursing, UTSA 2+2 Bus Admin _____)

VA Chapter: [] 30 [] 33 [] 1606 [] 1607 [] 35 [] VRAP 315 (Primary Institution) _____

Circle the semester this change is for and add year. Fall 20____ Spring 20____ Summer I 20____ Summer II 20____

Added classes:

| Enrollment Dates | Class(es) |
|------------------|----------------------|
| | (example: SPCH 1311) |
| _____ to _____ | _____ |
| _____ to _____ | _____ |
| _____ to _____ | _____ |

Dropped classes:

| Enrollment Dates | Class(es) |
|------------------|----------------------|
| | (example: SPCH 1311) |
| _____ to _____ | _____ |
| _____ to _____ | _____ |
| _____ to _____ | _____ |

Please state your reason for dropping your course: _____

I certify that the courses above are in my current major, except as noted, and that if I enroll in courses not in my major, I will be responsible to the Department of Veterans Affairs for any overpayment. **I understand that I must be registered** in order for the Office of Veterans Affairs to process my certification with the Department of Veterans Affairs. If for any reason I change my class schedule again, I will notify the Office of Veterans Affairs immediately. I have received a copy of the Student Responsibilities and understand what they entail.

Student's Signature

Date

Staff Member Initials