

Select Chapter:

Percent
(Ch 33 ONLY)

NAME: Last First M.I. M-Number

Students submit form to:
 Oldham Family Veteran Student Center, Meyer Library 108
 901 S. National Ave; Springfield MO 65897
 FAX: (417) 836-7694
 VeteranServices@MissouriState.edu

<p>It is your responsibility as a benefit recipient to notify our office of your status at the University. Keeping us informed will help prevent delays and problems with your current and future benefits from Department of Veterans Affairs</p>	
<p>Reporting Change in Schedule</p>	
<p>Use this section to report a change in your schedule since you submitted your Veterans Certification Request. List the course number (ex. ACC101) if multiple adds/drops separate by semi-colon (ACC101; MKT230) and indicate the total number of credits you are now enrolled in for the semester.</p>	<p>Semester _____</p> <p>Added _____</p> <p>Dropped _____</p> <p>Total Number of Credits Now Enrolled:</p>
<p>Reporting Withdrawal</p>	
<p>Use this section if you have completely withdrawn from all classes for the current semester and are receiving VA Educational Benefits. If you are experiencing mitigating circumstances (deployment, family or personal illness, change in job, transfer to a different school) please explain.</p>	<p>Date of Withdrawal _____</p> <p>Mitigating Circumstances:</p>
<p>Reporting Change in Major</p>	
<p>Use this section if you have changed your major since your last certification period</p>	<p>Former Major _____</p> <p>Current Major _____</p> <p>Did you change from an Undergraduate (Bachelors) to Graduate (Masters)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Signature (electronic signature acceptable) _____ Date _____