

**VA EDUCATION CERTIFICATION - CHANGE REQUEST FORM**

Directions: Complete VA Change Request Form for any changes related to enrollment, academic information, contact information, and/or benefits made after initial certification. The below information will be used to make changes related to your VA education certification and kept on file with the UNT Dallas Office of the Registrar for official purposes. Failure to promptly disclose changes may result in certification delays and/or student debt to VA, UNT Dallas, or both. This form is not an official UNT Dallas document to drop or add classes. Initial Request for VA Certification should submit a VA Certification Request Form.

Name: \_\_\_\_\_ Student ID number: \_\_\_\_\_ UNTD Email: \_\_\_\_\_

Change(s) made:  Drop/Add |  Major/Minor/Cert Change |  Undergraduate to Graduate |  Contact Info Change |  Change of Benefits

**Drop/Add Class List**

Year: \_\_\_\_\_  Fall  Spring  Summer

Drop	Add	Subject <i>EX: SOCI</i>	Course Number <i>EX: 1510</i>	Section Number <i>EX: 0001</i>	Course Title <i>EX: Introduction to Sociology</i>	Session <i>EX: 8W2</i>
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

Reason for drop/withdraw: \_\_\_\_\_

**Change of Major**

Current Academic Information:

Major: \_\_\_\_\_ Minor/Certificate: \_\_\_\_\_ Degree Type:  Undergraduate  Graduate

New/Updated Academic Information:

Major: \_\_\_\_\_ Minor/Certificate: \_\_\_\_\_ Degree Type:  Undergraduate  Graduate

**Change of Contact Information**

Effective Date: \_\_\_\_\_

Current Contact Information:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

New Contact Information:

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Change in Benefits**

Current Benefit: \_\_\_\_\_ Switching to: \_\_\_\_\_

\*Please be sure to view **Required Documents Checklist** to ensure correct required documents are submitted.\*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_