

# Change of Major/Returning for Veterans and Dependents (aka: 1995/5495)

CHAPTER: <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 1606 <input type="checkbox"/> 1607 <input type="checkbox"/> 33 <input type="checkbox"/> TRANSFER OF ENTITLEMENT <input type="checkbox"/> FRY				STUDENT ID <b>S</b>	
NAME OF VETERAN /DEPENDENT <i>(First, middle, Last) Please print</i>			VA FILE No.		SOCIAL SECURITY NUMBER
MAILING ADDRESS: <input type="checkbox"/> CHECK IF CHANGE OF ADDRESS			PHONE NUMBER:		
DATE OF BIRTH	Email Address		Effective date and term of change		
<p><b>1. “I verify I am making this request for this change of program or place of training”:</b></p> <p><i>(Student Sign)</i> _____ <i>(Date)</i> _____</p>					
<p><b>2. Veteran/Dependent requesting Change of Program to: Check degree and list major and specialty</b>  <b>Your major with the VA MUST be the same as the major listed with the college on your MyPage account</b>  <i>(Be specific and spell out degree/certificate and specialty of program of study)</i></p> <p><input type="checkbox"/> ASSOCIATES IN ARTS: _____</p> <p><input type="checkbox"/> AS : _____</p> <p><input type="checkbox"/> AAS : _____</p> <p><input type="checkbox"/> CERTIFICATE OF COMPLETION: _____</p> <p><input type="checkbox"/> DIPLOMA _____</p> <p><input type="checkbox"/> APE _____</p> <p><input type="checkbox"/> SAT CERTIFICATE/DIPLOMA :CIRCLE ONE _____</p>					
<p><b>3. Reason for change due to:</b></p> <p><input type="checkbox"/> INTEREST <input type="checkbox"/> CHANGE IN LOCATION <input type="checkbox"/> BREAK OF MORE THAN 1 YEAR <input type="checkbox"/> OTHER: <i>(Be specific and explain in remarks)</i></p> <p>Remark: _____</p>					
<p><b>4. Additional Note(s) as required:</b></p>					
OFFICE STAFF ONLY					
THIS CHANGE HAS BEEN ENTERED ON VA ONCE SCO SIGNATURE _____					
FORM: CHANGE OF MAJOR					REVISED DATE: 1/21/15