Date: ___

Instructions: Complete Change Request Form for any type of change made. This information will be used to make changes to your VA file, which is maintained by this office, for official purposes.	
Name:	Student A#: Email:
Change(s) made: Drop/Add Undergraduate to Graduate Major Change Change of Benefits	
Drop/Add Class List	
Term Description: Yea	current Information
Drop/Add CRN (Subject/Number) Title	
1	
3	Phone: ()
4	Email:
5	New contact information
	Address: Apt #:
Reason for withdraw: City: State: Zip:	
	Phone: ()
Email:	
Date:	Effective date:
Change of Major	
<u>Current Academic Information</u>	
Academic major: Academic College:	
Degree type: BA BAS BBA BS BSHS BSIS BSN	
New/Updated Academic Information	
Academic major: Academic College:	
Degree type: BA BAS BBA BS BSHS BSHS BSIS BSN	
CHANCE IN DENETITE	
CHANGE IN BENEFITS	
Hazlewood or VA Education Benefits	
Current Benefit:Switching to:	
If dependent, please provide Veteran's SSN or VA file #:	
Printed Name:	
Signature	