



WICHITA STATE UNIVERSITY

DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT

Military and Veteran Services

2019-2020 Change of Program | Change of Education Benefit
Documentation of Mitigating Circumstance Withdrawal

INSTRUCTIONS >>>

Complete this form if you are completely withdrawing from classes due to mitigating circumstances, changing your academic major or program (changes after enrollment has been certified for the term are not permitted), or changing VA Education Benefit programs.

CHECK LEVEL | TERM: [] UNDERGRADUATE [] GRADUATE
[] Fall 2019 [] Spring 2020 [] Summer 2019

PLEASE PRINT LEGIBLY: Have you changed your mailing address or telephone number? [] Yes [] No

Student's Name (Last, First, MI) myWSU ID Number
SSN # VA Claim # (Ch. 35 Only)
Student's Address City, State, Zip
Student's WSU Email Address Student's Phone Number

CHECK ONE:

- [] Post-9/11 (Ch. 33) % [] Post-9/11 Transfer of Entitlement (Ch. 33 for Dependent/Spouse) %
[] Montgomery GI Bill (Ch. 30) [] National Guard/Reserve (Ch. 1606) [] REAP (Ch. 1607)
[] Survivors and Dependents Educational Assistance DEA (Ch. 35) [] Vocational Rehab (Ch. 31)

I am making the following enrollment change:

Withdrawal Change:

Old Hours: New Hours:

List any Mitigating Circumstances for Withdrawal (support documentation must be attached):

I am making the following change to my major or program of study:

PLEASE NOTE: Changes of major after you have been certified for the semester are NOT permitted!

Future Term for Major Change: [] Fall 2019 [] Spring 2020 [] Summer 2019

Old Program: New Program:

I am making the following VA Education Benefit program change:*

*An updated Certificate of Eligibility from the VA must be attached.

Prior Benefit: New Benefit: Effective Date:

I authorize the above modifications. If I am changing VA Education Benefits, I acknowledge that I have been approved by the US Department of Veterans Affairs to change Education Benefit programs. If I am changing my enrollment, I acknowledge that it is my responsibility to complete the enrollment change according to university policies. I will not change my program, or major, after certification for the semester has been completed.

Student's Signature (Required)

Date (Required)