



**Return to:**  
 Office of the Registrar  
 Oregon State University, B102 Kerr Administration Building, Corvallis, OR 97331-2130  
 T 541-737-4331 | F 541-737-8123 | veterans@oregonstate.edu | http://registrar.oregonstate.edu

## VA Student Change in Enrollment Status

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_  
*Print Last*                      *Print First*                      *Print Middle Initial*

Check the type of VA Educational Benefit you are receiving ✓

- |  |   |   |  |   |  |
|--|---|---|--|---|--|
| <input type="checkbox"/> <b>Ch30</b><br>Montgomery GI Bill | <input type="checkbox"/> <b>Ch31</b><br>Voc Rehab & Emp | <input type="checkbox"/> <b>Ch33</b><br>Post 9/11 GI Bill | <input type="checkbox"/> <b>Ch35</b><br>Dependents | <input type="checkbox"/> <b>Ch1606</b><br>Montgomery GI Bill SelRes | <input type="checkbox"/> <b>Ch1607</b><br>REAP |
|--|---|---|--|---|--|

**Change to my credit hours:** I have dropped or added classes for the following term:

\*  **Summer**     **Fall**     **Winter**     **Spring**    **20**\_\_\_\_\_

**\*The VA views each session in summer as its own mini-term and calculates full time status based on the number of weeks in a session. Please see us for clarification.**

**Date Termination or Change of Credit Hours occurred:** \_\_\_\_\_

**Please check VA benefit status change that applies:**

**From: Credit hours originally requested**

# of credits benefits originally registered for \_\_\_\_\_

- Full-Time (12 or more credit hours)
- 3/4 Time (9 to 11 credit hours)
- 1/2 Time (6 to 8 credit hours)
- 1/4 Time (5 or less credit hours)

**To: Credit hours enrolled after change**

# of credits now registered for \_\_\_\_\_

- Full-Time (12 or more credit hours)
- 3/4 Time (9 to 11 credit hours)
- 1/2 Time (6 to 8 credit hours)
- 1/4 Time (5 or less credit hours)

**Termination/Withdrawal:** I have withdrawn from all classes for this term.

***If Mitigating Circumstances are the reason for your late withdrawal from your course(s) please check or explain your reason below and attach supporting documentation:***

- An illness or death in the student's immediate family
- An illness or injury afflicting the student during the enrollment period
- An unavoidable change in the students conditions of employment
- An unavoidable geographical transfer resulting from the student's employment
- Immediate family or financial obligations beyond the control of the claimant that require him or her to suspend pursuit of the program of education to obtain employment
- Discontinuance of the course by the school
- Unanticipated active military service including active duty for training
- Unanticipated difficulties with child care arrangements that student has made for the period during which he or she is attending classes
- Other: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_