



NOTICE OF SCHEDULE CHANGE FOR VA EDUCATION BENEFITS

Veteran Services Fax: 913-469-2300

IMPORTANT: This form is your request to have your schedule changes reported to the VA and can only be used for semesters for which your enrollment has *already* been certified to the VA. You may complete and submit this form after you have made schedule changes. This form does not replace the JCCC Drop/Add Request form and cannot be used in lieu of the Enrollment Certification Request for VA Education Benefits form.

JCCC ID # _____ STUDENT NAME _____

CHECK TERM: FALL 20____ SPRING 20____ SUMMER 20____

YOU MUST CHECK ONE BOX IN BOTH THE WITHDRAW AND ADD COLUMNS BELOW:

CHOOSE ONE:

- I have WITHDRAWN from ALL classes* OR
- I have NOT withdrawn from ANY classes OR
- I have WITHDRAWN from the following classes:*

CHOOSE ONE:

- I have NOT added any other classes OR
- I have ADDED the following classes:

CRN Title # Credits

CRN Title # Credits

*If you are withdrawing from a class or classes, certain reasons for the withdrawal may be reported to the VA as "mitigating circumstances." While there is no guarantee, the VA may take the following reasons into consideration when determining any overpayments that your schedule change may cause. If one of the reasons below is the reason you are withdrawing from class(es), please mark the appropriate box.

- Illness or death in the student's immediate family
- An unavoidable change in the student's conditions of employment
- Unanticipated difficulties with childcare arrangements during the enrollment period
- Immediate family financial obligations beyond the control of the claimant
- Illness or injury afflicting the student during the enrollment period
- Unavoidable geographic transfer due to the student's employment
- Unanticipated Active Military Service, including active duty training (Please attach a copy of your orders)

My signature indicates that I have provided accurate information, understand that all payments are determined by the VA and agree to comply with all VA regulations.

Signature _____

Date _____