Veterans' Change of Enrollment

Revised 08/20/24

Office of Financial Aid • 15800 S. State St. South Holland, IL 60473 • (708) 596-2000, ext. 5780

Semester: FA_____ SP_____ SU _____
(year) (year) (year)

Veteran students must complete and submit this form to the Financial Aid Office when changes are made to their enrollment. It is the veteran students responsibility to report any added or withdrawn classes for proper monthly stipends and BHA payments. Withdrawn or never attended classes may result in funds being owed to the Department of Veteran Affairs.

Section 1: Student Information:

Student Name: _____ SSC ID #: _____
Last First MI

Primary Phone#: _____Academic Program _____

Schedule Change

Class_____	O Added	O Withdrawn	O Changed Sections
Class_____	O Added	O Withdrawn	O Changed Sections
Class_____	O Added	O Withdrawn	O Changed Sections

If You Are Withdrawing From All Classes Please Complete Section 3.

Section 3: VA Information:

Are there any mitigating circumstances that contributed to completely withdrawing? If so, check the box that best describes your situation. Please attach supporting documentation.

- ☐ Illness or Death in Student's Family
- ☐ Illness of Student
- ☐ Unanticipated Active Military Service, including active duty for training
- ☐ Unanticipated difficulties with childcare arrangements
- ☐ Financial Obligations beyond the students control
- ☐ Unavoidable Geographical transfer resulting from employment
- ☐ Unavoidable change in student's condition of employment
- ☐ Discontinuance of the course by school
- ☐ Other _____

Section 4: Federal Benefits

- O Chapter 30- Montgomery GI Bill
- O Chapter 31- Veteran Readiness and Employment
- O Chapter 33- Post 9/11 GI Bill®
- O Chapter 35- Survivors And Dependents Educational Assistance (VA Dependents)
- O Chapter 1606- Educational Assistance For Members of the Selected Reserve

Section 5: State Benefits

- ○ IVG (Illinois Veteran Grant)
- ○ ING (Illinois National Guard Grant)
- ○ MIA/POW Scholarship (Missing in Action, Prisoner of War)

Certifications And Signatures

By signing, I acknowledge that I fully understand and agree to comply with my responsibility as a student receiving veterans' education benefits.

Signature: _____ Date: _____

Do Not Submit This Form Until After You Have Added, Dropped Or Withdrawn The Course(s) Above.