

**Enrollment Change for  
VA Education Benefits**

**Office of Student Financial Aid**  
 University of Illinois at Urbana-Champaign  
 620 East John Street – MC 303  
 Champaign, IL 61820-5712  
 Fax (217) 265-5516 Phone (217) 333-0100

Student Name: \_\_\_\_\_ UIN: \_\_\_\_\_  
Last First (Number on I-Card or Admissions Letter)

**Fall 2018**                       **Winter 2018-2019**                       **Spring 2019**                       **Summer 2019**

*I am requesting certification of my enrollment for the **ONE term** selected above in which I am now enrolled.*

*Use this form to report a change in your enrollment status or a change in your tuition and fees assessment occurring after you are certified to receive VA education benefits for any of the terms listed below. Please indicate the term you are submitting a notice of change:*

**Check each box which describes the change in your status:**

- I certified my enrollment to receive VA education benefits and have now received a reduction or change in my tuition and fees assessment. *Note: Change in assessment after certification may create a debt letter from the Department of Veterans Affairs.*
- I certified my enrollment to receive VA education benefits but have now  **Increased** OR  **Reduced** my enrollment: I am currently registered for \_\_\_\_\_ hours as of \_\_\_\_\_.  
Number of hours Date (MM/DD/YYYY)
- I officially changed my declared major to \_\_\_\_\_ as of \_\_\_\_\_.  
New Declared Major Date (MM/DD/YYYY)
- I will complete and submit the Change of Program or Place of Training (VA Form 22-1995) or I will complete and submit the Change of Program or Place of Training Survivors' and Dependents' (VA Form 22-5495). These forms are available at [www.osfa.illinois.edu](http://www.osfa.illinois.edu) under Forms.
- I withdrew from all enrolled classes as of: \_\_\_\_\_ due to the following mitigating circumstance(s)\*:  
Date (MM/DD/YYYY)
- Being called to active duty as of: \_\_\_\_\_  
Date (MM/DD/YYYY)
- Personal health issues as of: \_\_\_\_\_  
Date (MM/DD/YYYY)
- Other issues as of: \_\_\_\_\_  
Date (MM/DD/YYYY)

*\*Mitigating Circumstances are unavoidable or unexpected events that directly interfere with a student's pursuit of a course and are beyond his/her control. Students must submit corroborative evidence to substantiate their reasons for being unable to complete a course or courses, or receiving a non-punitive grade.*

- I understand that the University must report any change in my status to the VA as early as possible.
- The Department of Veterans Affairs determines pay issues on a case-by-case basis.
- I may submit a statement with documents which may enable the VA to adjudicate my case favorably.

I certify that I have read all of the information on this form and it is complete and correct.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date