



I, \_\_\_\_\_, understand that as a VA Educational Benefit recipient, I am responsible for following certain procedures to maintain my VA Educational benefits. I also realize it is my responsibility to notify the ASU Mid-South VA Certifying Official immediately of any changes and to fill out the necessary forms to maintain my VA Educational benefits.

**CHANGES TO REPORT**

- 1. Change of Schedule
- 2. Dropping a Class or Classes
- 3. Withdrawing from ASU Mid-South
- 4. Change of Major or Degree
- 5. Change of Address

I understand all classes I wish to pursue must apply to my degree plan to receive full VA Educational benefits. Any classes I take outside my degree plan will be my financial responsibility.

**Veteran/Dependent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_