

<b>Office Of Veterans Affairs Austin Peay State University</b>	<b>Change In Status</b>	
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*Please read the form carefully & complete as instructed. This form is used to report a change in certification status of veterans' education benefits. **Consult your academic advisor prior to any changes in your schedule. Courses must be in your Program of Study or count towards graduation credit. Complete within 5 days of change! Do not write in shaded areas.***

<b>Name (first, middle, last):</b> _____	<b>SS#:</b> _____
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<b>Current Mailing Address:</b> _____ <b>Current Phone Number:</b> ( _____ ) _____	<b>File Number:</b> _____
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<b>Term:</b> ___ Fall ___ Spring ___ Summer I ___ Summer II Year ____ ___ Fall I ___ Fall II ___ Spring I ___ Spring II Year ____	<b>(Suffix, CH 35 only):</b> _____
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<b>Type of Change (check one):</b> <input type="checkbox"/> Withdrawal from University <input type="checkbox"/> Drop/Add (including course changes only) <input type="checkbox"/> Other: _____	<b>List course(s) and course number(s):</b> _____
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**Explanation & Other Comments (special circumstances requiring this change):**  
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<b>I request the OVA to notify the DVA as soon as possible of the above change.</b>	<b>Signature of Student:</b> _____	<b>Date:</b> _____
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\*\*\*\*\* DO NOT WRITE BELOW THIS SECTION!! FOR OVA USE ONLY!! \*\*\*\*\*

**Type of Adjustment to Report:** \_\_\_ Increase \_\_\_ Reduction \_\_\_ Termination \_\_\_ Other

Check one:

___ End of Term	___ 1st Day of Term	___ Other
___ During Drop/Add	___ Non-Punitive Grades	___ Punitive Grades
___ Unsatisfactory Attendance/Conduct/Progress	___ <b>NO ACTION NEEDED TO DVA</b>	

<b>Number of Hours <i>Before</i> Change:</b> _____	<b>Chapter Number (check one):</b> ___ 30 ___ 31 ___ 32 ___ 34 ___ 35 ___ 1606 ___ Other (name: _____)
<b>Number of Hours <i>After</i> Change:</b> _____	<b>Active Duty:</b> ___ Yes ___ No

<b>Term:</b> _____ <b>This term only?</b> ___ Yes ___ No <b>Term Dates:</b> _____ to _____	<b>Effective Date:</b> _____
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<b>Does student claim mitigating circumstances?</b> ___ Yes ___ No ___ Unknown <b>Documentation attached:</b> ___ Yes ___ No	<b>Tuition &amp; Fees:</b> _____
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*Signature of OVA School Official:*

*Date:*