**Course Changes to Original Enrollment Certification Request for**

**VA Education Benefits**

**BUTLER COMMUNITY COLLEGE**

Return to: Amy Cyphers, Certifying Official

acyphers@butlercc.edu

Enrollment Certification Request must be done each semester at time of original enrollment for the semester.

This form is for changes only.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am making the following change:**

(circle one) Add Drop Total Withdrawal

**Semester of Applicable Change:**

Fall\_\_\_\_ Summer\_\_\_\_\_ Spring\_\_\_\_\_\_ for the year of 20\_\_\_

**Number of Old Hours on Course Schedule: \_\_\_\_\_\_\_\_**

**Number of New Hours on Course Schedule:**\_\_\_\_\_\_\_\_

**Do any of the courses have different starting or ending dates?** Yes\_\_\_\_ No\_\_\_\_\_

**Is this a change of degree/major?**  Yes\_\_\_\_ No \_\_\_\_\_

Old Degree/Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Degree Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your monthly education benefit is paid by what you are enrolled for each day of the semester.. A class withdrawal can result in an overpayment. If you have questions on how the drop of your course will affect your benefits please check with Amy Cyphers, Certifying Official, at 316-322-3102 or acyphers@butlercc.edu before dropping your courses. Courses must be needed for your current degree program or will not be submitted to VA for payment. All VA benefits students must visit with an Academic Advisor to begin the process of a course add/ drop. All course add/ drops must be processed by the registration office once visiting with an academic advisor.

**I acknowledge that I have read and understood the above statements.**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_