

Schedule Change Form for VA Education Benefits

This form is your request to have your schedule changes reported to the VA. You may complete and submit this form after you have made schedule changes with your academic advisor. This form does not replace the Baker University Add/Drop form.

Student Name:				Student ID:	_ Student ID:	
Degree Pro	ogram/Group:					
Please sele	ct one of the follo	wing:				
	SE SCHEDULE	CHANGE				
Circle One	Course #	Course Title	Group # (SPGS/ GSOE)	Course Start Date	Course End Date	
Drop/Add						
Drop/Add						
Drop/Add	 					
Drop/Add						
		last date of attendance beginning with			Status	
☐ PROG	RAM WITHDRA	AWAL				
Last date of attendance: Last course attendance						
		have provided accurate infor with all VA regulations.	mation, understand th	nat all payments are	e determined by	
Signature:			Da ^a	Date:		
Baker Univ Attn: VA C 8001 Colle	rn completed forn ersity Certifying Official ge Blvd., Suite 100 Park, Kansas 66210)				