

UNIVERSITY OF MICHIGAN-DEARBORN

VETERANS AFFAIRS – CHANGE OF ELECTION CERTIFICATION REQUEST

OFFICE OF REGISTRATION & RECORDS
 4901 Evergreen Road
 Room 1169 UC
 Dearborn, MI 48128-2406



Date of Birth _____
 SSN# _____
 or
 File # _____

Academic Information:

Please circle your Academic Unit: CASL ENGR MGMT EDUC GUEST

Term _____

Courses Added:

COURSE NAME	COURSE #	CREDIT HOURS

Courses Dropped:

COURSE NAME	COURSE #	CREDIT HOURS

Date courses were ADDED/DROPPED: _____ Total credit hours after the above Add/Drop(s): _____

TUITION AND FEES ARE TO BE PAID BY THE STUDENT ACCORDING TO THE DATES IN THE SCHEDULE OF CLASSES. VA BENEFITS ARE REIMBURSEMENTS, NOT SCHOLARSHIPS.

I certify that the above information is accurate, and I acknowledge the fact that I must personally notify the Office of Registrar immediately if I make any changes in the above elections. I further understand that the U.S. Government has provisions prohibiting duplication of Federal benefits. I authorize release of my academic record information to the Veterans Affairs Office for the purpose of clarification to ensure my receipt of Educational Training Benefits.

CAUTION: Carelessness in filling out this form, lack of complete information, or failure to report subsequent changes may result in delayed allowance or loss of benefits.

SIGNATURE: _____ **Today's Date:** _____

(Cannot process without signature)