

Return this signed, completed form to the CSU Office of Records and Registration/VA Certifying Official: Miles Connors Administration Building; 2500 W. North Avenue; Baltimore, MD 21216 or fax to 410.951.3711 or email to registrar@coppin.edu.



You must contact the VA Certifying Official when making changes to your enrollment after the schedule adjustment period. Changes made after this period will impact receipt of VA Education Benefits.

Coppin State University VA Schedule Adjustment Form

This form must be submitted for enrollment adjustment during the term; attach your updated schedule/bill to this form.

☐ Fall ☐ Winter ☐ Spring ☐ Sum I ☐ Sum II Year _____

Last Name: _____ First Name: _____ CSUID# _____

VA EDUCATION BENEFIT APPLIED FOR:

- ☐ Chapter 30 – Montgomery GI Bill – Active Duty
- ☐ Chapter 31 – Vocational Rehabilitation & Educational Program
- ☐ Chapter 33 – Post 9/11 GI Bill
 - ☐ Attached VA Certificate of Eligibility
 - ☐ TEB Recipient (Dependents)
- ☐ Chapter 35 – Dependent of disabled veteran • Veteran's File Number: _____
- ☐ Chapter 1606 - Montgomery GI Bill – Selected Reserves/National Guard
- ☐ Chapter 1607 – REA Program
- ☐ Other – Yellow Ribbon, Federal Tuition Assistance, State Tuition Waiver or MyCAA

List all Course(s) Dropped/Withdrawn

DISC CODE	COURSE CODE	SECTION
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Please Note: Course drops and withdrawals can potentially cause the student to incur a debt. The VA will automatically apply the 6-credit hour exclusion if applicable. If not, the student is responsible for explaining mitigating circumstances to potentially offset any debt.

*If please submit a personal statement and documentation to support the Mitigating Circumstances. If the VA accepts your Mitigating Circumstances, it may reduce your debt. Examples of Mitigating Circumstances include:

- An illness or injury afflicting you during the semester
- Unanticipated difficulties with childcare arrangements
- Immediate family or financial obligations beyond your control
- Unanticipated active military service, including active duty for training
- An unavoidable geographical transfer resulting from your employment
- An illness or death in your immediate family
- An unavoidable change in your conditions of employment
- Discontinuance of the course by the school

I have read and understand the CSU VA Enrollment Certification Request Form. I certify that all courses are applicable to my degree program and meet VA requirements. I agree to promptly notify the Certifying official and VA of any changes in my credit hours. I understand that completion of this form assures me of enrollment certification with the Department of Veterans Affairs, but does not guarantee payment from the VA. Payment depends on my being enrolled in an approved program, my not owing money to the VA for overpayment and my compliance with all other VA regulations. I further understand that any information on this form or in my University record may be shared with the VA at its request.

Signature: _____

Date: _____