



VETERANS OFFICE

CHANGE OF ENROLLMENT NOTIFICATION

APPLICABLE SESSION: SUMMER FALL WINTER SPRING YEAR _____

NAME (PRINT) _____ I.D. # _____
LAST FIRST MI

	SECTION	COURSE NAME	UNITS	DATE
A D D S				
D R O P S				

Reason for dropping the class: _____

SIGNATURE: _____

TODAY'S DATE: _____