

## Veterans Educational Benefits Enrollment Change Form M.D. Program

**NOTE:** The university is required to report any changes that you have made in your semester enrollment to the VA within 30 calendar days.

**NOTE:** The VA does not pay for audited courses

## Complete and SUBMIT this form within 15 days from the date that your enrollment was changed.

Academic Year: Click or tap here to enter text. Semester: Choose an item.

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text.

UMB ID: @Click or tap here to enter text.

**UMB Email:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

Please fill out each section as applicable to your enrollment change.

Approved to Drop	Course Start Date	Course End Date
ex: FAPH 530		
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.

Approved to Add	Course Start Date	Course End Date
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.

Student Signature: Date: Click or tap to enter a date.