



# OFFICE OF FINANCIAL AID VETERANS AFFAIRS

**Please return completed form to:**  
Veterans Affairs Coordinator  
Office of Financial Aid, Wilson West 100  
Camden County College  
PO Box 200  
Blackwood, NJ 08012  
Phone: 856-374-4960  
Fax: 856-374-4980

## VETERANS CHANGE IN ENROLLMENT

Student ID Number	Social Security Number	Name (Last, First, MI)		
Address			CCC assigned e-mail address	
City	State	Zip	Phone Number (      )	
Academic Program (Major)				
Your benefit program: <input type="checkbox"/> Active Duty Ch. 30 <input type="checkbox"/> Voc. Rehab. Ch. 31 <input type="checkbox"/> VEAP Ch. 32 <input type="checkbox"/> Survivors/Dependents Ch. 35 <input type="checkbox"/> Guard/Reserves Ch. 1606 <input type="checkbox"/> REAP Ch. 1607				

**CHECK all boxes that apply to you and provide additional information, if requested:**

For which term have you changed your enrollment?  Fall 20\_\_\_\_\_  Spring 20\_\_\_\_\_  Summer 20\_\_\_\_\_

Term	# Credits	Course Name	Course Number	Add	Drop	Withdrawal	Not Attending (Include last date of attendance)	Never Attended

Have you reported your change in enrollment on WAVE? (Chapter 31 Students: Did you notify your VRS of your change in enrollment?)  
 Yes     No

### STUDENT CERTIFICATION

I hereby authorize Camden County College to notify the Veteran's Administration of any changes in my enrollment status.

Student Signature	Date
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### OFFICE USE ONLY

Comments	
<input type="checkbox"/> VA Form 1999B	<input type="checkbox"/> VA Form 0175
Staff Initials	Date Submitted