



VA Change Form

*SEMESTER: I	Fall Spring	_ Summer	*YEAR: 20	*STUDENT ID:	
*NAME:					
Last	1	First	MI		
*HOME PHONE:			*EMAIL ADD	*EMAIL ADDRESS:	
			JAF DMVS office a Department of Vetera	additional forms and documentation are necessar	
			1		
€ PERSONAL					
added	Name of Degree	c/Concentration_			
dropped	Name of Degree	/Concentration		_	
INSTITUTION					
INSTITUTION					
	_				
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From:			To:		
	EXAMPLE:	University of Texas		University of Alaska, Fairbanks	
€ VA EDUCA	TIONAL PROGR	AM			
			To:		
	EXAMPLE: Mor	tgomery GI Bill CH 3	30	VA Vocational Rehabilitation CH 31	
I hereby authoriz	e UAF to notify t	ne VA Regional	Processing Office of	of the above changes.	
aran America	,			D. ATTE	
SIGNATURE	22-1995			DATE:	

Rm