

Enrollment Change Certification Request

This form must be completed if any changes have been made to your class schedule after your initial certification.
Enrollment changes must be reported to the VA within 30 calendar days.

1. Name _____ COD Student ID# _____
Last, First, Middle

2. Which degree or certificate program are you seeking at College of DuPage?

3. Is this a change to your current degree or certificate program? Yes No

4. Are you seeking more than one degree or certificate program? Yes No

a. If yes, indicate the 2nd program here.

b. What is your career goal? _____

In order to certify a student for more than one academic program, the 2 programs must lead to a singular career goal.

5. I have made the following changes to my class schedule.

TERM: Fall 20 _____ Spring 20 _____ Summer 20 _____

Course Name	Course Number	Section Number	Credit Hours	Course Start Date	Course End Date	Add	Drop	Which Benefit to certify for course?
<i>Example</i>	<i>XXXX</i>	<i>001</i>	<i>3</i>	<i>XX/XX/2014</i>	<i>XX/XX/2014</i>		<i>X</i>	<i>IVG</i>
<i>Example</i>	<i>XXXX</i>	<i>100</i>	<i>3</i>	<i>XX/XX/2014</i>	<i>XX/XX/2014</i>	<i>X</i>		<i>IVG</i>

- I understand that I am responsible for making changes to my schedule through myACCESS or the office of Student Registration Services.
- I understand that my changes will be reviewed & reported to VA which may result in changes in benefits.
- I understand that the VA will not pay for classes from which I withdraw and that the standard refund polices apply (see your class schedule in myACCESS for refund dates).
- I understand that I am responsible for any and all debts as a result of my schedule changes.
- I understand that I am responsible for tuition charges for any course that does not apply to my indicated degree or certificate program.
- I understand that declaring a degree or certificate program through this certification request will serve as an official Change of Program.

Student Signature

Date