



VA APPROVAL FORM

GRADUATE
UNDERGRADUATE

Name: _____ Semester: _____

Social Security Number: _____ Student ID: _____

Mailing Address: _____

(City, State, Zip) _____

Phone Number _____

E-Mail Address: _____

Major: _____ Specialization: _____

Minor: _____

Note: If you are changing your major, you must also complete and submit a Request for Change of Program (VA Form 22-1995).

Student's Agreement: As a student receiving VA benefits, I understand that all courses must apply towards my intended degree including major and minor. If I have not yet chosen a major and/or minor, I understand that all courses must apply towards General Education requirements only. I understand that any courses which do not apply toward my graduation requirements CANNOT be certified with the VA and that I am responsible for payment of any such courses. I acknowledge that any changes I make to my schedule such as withdrawing from a course may result in an overpayment by the VA and create a debt with the VA or SWOSU that I am responsible for repaying.

I acknowledge I must notify the VA Coordinator immediately of any tuition scholarships received. Failure to do so could result in an overpayment by the VA and create a debt with the VA or SWOSU that I am responsible for repaying.

Date Signed

Student's Signature

PLEASE NOTE: A VA APPROVAL FORM MUST BE COMPLETED EACH SEMESTER YOU INTEND TO USE VA BENEFITS