FC Veterans Affairs

NOTIFICATION OF CHANGE

A) **NAME** *(Last, First MI)*

B) **STUDENT ID NUMBER**
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C) **SOCIAL SECURITY ADMINISTRATION (SSA) NUMBER**

D) **VA FILE NUMBER** *(if different from SSA Number, include Suffix or Payee Number for Chapter 35)*

E) **MAILING ADDRESS** *(include City and ZIP Code)*

F) **Is this address a change from that which you last reported to the DVA?** *(circle)*
YES / NO

G) **PRIMARY CONTACT NUMBER** *(include Area Code)*

H) **SECONDARY CONTACT NUMBER or E-MAIL ADDRESS** *(if any)*

I) **List the course(s) you changed this semester, below:** ****** You must have already submitted a RfEC form for this semester. ******

CRN *(e.g., 12345)*	**COURSE NUMBER** *(e.g., ENGL 100)*	**UNITS**	**TYPE OF CHANGE** *(Add or Drop)*

J) **If the course(s) you changed caused an enrollment status reduction, e.g., full-time to ¾-time status, etc., did it involve a circumstance beyond your control?**

YES / NO If **YES**, complete and attach VA Form 21-4138 STATEMENT IN SUPPORT OF CLAIM along with any supportive documentation.

****** These examples are not all inclusive and included merely as guidelines. ******

Examples of circumstances under your control are:

- **withdrawal to avoid a failing grade;**
- **dislike of your instructor;**
- **too many courses attempted.**

Examples of circumstances beyond your control are:

- **a serious injury or illness during your enrollment period;**
- **a serious illness or death in your immediate family;**
- **unforeseen family or financial obligations;**
- **discontinuance of your course by Fullerton College;**
- **unanticipated active duty military service, including active duty for training;**
- **an unavoidable geographical transfer related to your job;**
- **an unavoidable change in the conditions of your job;**
- **unanticipated difficulties with your child care arrangements.**

K) **I UNDERSTAND THAT;** I may have to repay my benefit if I stop attending or receive a nonpunitive grade (a W or NC) in a certified course, unless a circumstance beyond my control was involved; the VACO will notify the DVA of any reduction in my certified enrollment status, and of any nonpunitive grade I receive that contributes to such; if I receive a D or F grade, I may receive my benefit again for retaking the same course***, so I should attend my course(s) thru the final exam(s)***.

SIGNATURE: _____ **DATE:** _____

Received: _____ / _____ / _____ **SFAREGF** Total U/E: _____ . ___ **SGASTDN** Residence (T&Fs): _____

Processed: _____ / _____ / _____ Enrollment Status Change? **NO / YES** Veteran Information: '