



VA Add/Drop Form

Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer I	<input type="checkbox"/> Summer II	Year: _____
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Student Information

Print Name (Last, First M.I.): _____ UH ID# _____ - _____

Cell Phone: (_____) _____ E-Mail: _____ @hawaii.edu

Mailing Address: _____ Zip Code: _____ ✓ if new address ____

Degree Objective (BA, BS, MA, PhD, etc.): _____ Major: _____

Select Chapter:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 30 (Montgomery GI Bill) | <input type="checkbox"/> 31 (Voc Rehab) | <input type="checkbox"/> 1606 (MGIB Select Reserves) | <input type="checkbox"/> 35 – Dependents
VA File #: _____ |
| <input type="checkbox"/> 1607 (REAP) | <input type="checkbox"/> 33 (Post 9/11 – Veteran) | <input type="checkbox"/> 33 (Post 9/11 – Dependent) | |

Please be sure to make your registration changes with the University by the published deadlines. Submit your completed form to the Office of the Registrar, QLC 010 or email it to uhmva@hawaii.edu.

Courses Dropped

(Advisor approval is not required if only dropping courses)

Campus (MAN, KCC, etc.)	✓ if extension course	Course Subject & Number (e.g., ENG 100)	Credits (e.g., 3 crs.)

Courses Added

(Advisor approval is required)

Campus (MAN, KCC, etc.)	✓ if extension course	Course Subject & Number (e.g., ENG 100)	Credits (e.g., 3 crs.)	✓ if repeating course

Student's Signature

Date

I certify that the courses indicated above are required courses within the student's degree objective and will count toward degree requirements as Program, General Education, Pre-admission or required Elective courses. I have crossed off any that do not apply.

Undergraduate: College Advisor's Signature
Graduate: Department Chair's Signature
Law: WSRSL Registrar's Signature

College/Department

Phone

Date