

Web: www.subr.edu/registrar | Email: registrar@subr.edu | Phone: (225) 771-5050

VETERANS AFFAIRS OFFICE DROP / ADD FORM

Personal Information (Submit with copy	y of pertine	nt documents)		
Student ID#:				
Last Name:				MI
Social Security #:	Date of	Birth:		
Phone Number:	Email A	ddress:		
VA File Number: In most cases the VA file is the same as your social securi responsibility to provide the accurate information. If you	ty number; how	ever, there are exce		
	*C	ertifying Seme	<u>ster</u>	
Please select	the term w	hich you are o	dropping/adding cou	rses:
FALL SPRING SUMMI	ER ONLIN	NE -1 st session	ONLINE -2 ND session	on YEAR
Course Name and Number	CRN	Credit Hours	DROP	
		110013		
				For Official Use Only
				Received By:
Course Name and Number	CRN	Credit Hours	ADD	Date:
***PLEASE NOTE: VA BENEI	FITS ARE	NOT AWAR	DED FOR NON-D	DEGREE COURSES ***
Student Name (Print Legibly)		 Student Sig		 Date