



## VA WITHDRAWAL CERTIFICATION REQUEST

I, \_\_\_\_\_ (Print Name), \_\_\_\_\_ (Student ID #),  
request to have my certification of enrollment reduced because I plan on withdrawing  
from the following course(s) reducing my enrollment to \_\_\_\_ hours for the \_\_\_\_\_  
semester. I will contact the Veterans Affairs Representative at Snead State Community  
College if any other changes occur to my enrollment status for the term specified above.  
Below is a list of the course(s) that I plan on withdrawing from at this time.

_____	_____
_____	_____
_____	_____
_____	_____

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Office Use Only**

**Enrollment changed date** \_\_\_\_\_

**Initials** \_\_\_\_\_