

Department of Military and Veteran Services

Veteran Services FA 22-1999

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Certification Adjustment Form

		Student ID Phone
A Email	@alaska.edu	
My schedule	has changed after certification.	
С	I added course(s). Date added:	
С	I dropped course(s). Date dropped:	
С	I withdrew from all course(s). Date withdrawal was requested	d:
	Last day I attended class was:	(to be confirmed with instructor)
	o Unanticipated active n o Unanticipated difficult	ents within 5 business days. Please select from below (optional): nilitary service (i.e. Training) ties with childcare arrangements beyond the student's control
	 Unavoidable geograph Unavoidable change ir Illness or death in stud Illness of student Discontinuance of cou 	nical transfer resulting from employment n student's condition (i.e. Employment) lent's family
	o Unavoidable geograph o Unavoidable change ir o Illness or death in stud o Illness of student o Discontinuance of cou o Other:	nical transfer resulting from employment in student's condition (i.e. Employment) lent's family
	o Unavoidable geograph o Unavoidable change ir o Illness or death in stud o Illness of student o Discontinuance of cou o Other:	nical transfer resulting from employment in student's condition (i.e. Employment) lent's family arse by the school