



SCHEDULE CHANGES REQUEST FOR VA CERTIFICATION

Please fill out this form completely. Incomplete forms will be rejected.

Student Information

Name: _____ Date: _____
Last *First* *M.I.*

Social Security# _____ Student ID#: _____ VA File#: _____
Only enter last four if submitting via email CH 35 DEA ONLY (Include suffix letter)

Phone: _____ E-mail Address: _____

Degree Plan: _____

Indicate benefit being used: 30(MGIB) 31(VR&E) 33(Post 9/11) 35(DEA) 1606(Reserve) 1607(REAP)

Schedule Change Information

YEAR: _____ FALL SPRING SUMMER

Were any of your courses cancelled by TVCC due to low enrollment? Yes No

List the courses you are **ADDING** below

<small>Course Prefix</small>	<small>Course Number</small>	<small>Course Title</small>	<small>Start Date</small>	<small>End Date</small>	<small>Institution</small>

List the courses you are **DROPPING** below.

<small>Course Prefix</small>	<small>Course Number</small>	<small>Course Title</small>	<small>Start Date</small>	<small>End Date</small>	<small>Institution</small>

Do all courses you are adding meet the requirements of your degree plan? YES NO

If you are repeating any courses listed please indicate them here: _____

I certify the information I have provided is accurate and can be used by the Veterans Services at TVCC for certification purposes.

Signature: _____