

SCHEDULE CHANGES

REQUEST FOR VA CERTIFICATION

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

CH 35 DEA ONLY (Include suffix letter Phone:				Student Informatio	n				
Social Security# Student ID#:	Namo:						Date:		
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CH 35 DEA ONLY (Include suffix letter Phone:						VΔ File#·			
Degree Plan: Indicate benefit being used: 30(MGIB) 31(VR&E) 33(Post 9/11) 35(DEA) 1606(Reserve) 1507(REAF 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 Course Course Course Title Start Date End Date Institution List the courses you are DROPPING below. Course Course Course Title Start Date End Date Institution 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: It certify the information I have provided is accurate and can be used by the Veterans Services at TVCC for certification				Gtadent IB#.		VA I IICπ.	CH 35 DEA ONL	Y (Include suffix letter	
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Signature:	Signature	e:							