



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 TAMUCT due to low enrollment? Yes No

List the courses you are **ADDING** below

| <i>Course Prefix</i> | <i>Course Number</i> | <i>Course Title</i> | <i>Start Date</i> | <i>End Date</i> | <i>Institution</i> |
|----------------------|----------------------|---------------------|-------------------|-----------------|--------------------|
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List the courses you are **DROPPING** below.

| <i>Course Prefix</i> | <i>Course Number</i> | <i>Course Title</i> | <i>Start Date</i> | <i>End Date</i> | <i>Institution</i> |
|----------------------|----------------------|---------------------|-------------------|-----------------|--------------------|
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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 Affairs Center at TAMUCT for certification purposes.

Signature: _____
(If submitting online type name and last four of SSN)

FOR VA OFFICE USE ONLY

___/___/___ Date Received ___Initials

___SFAREGF ___Degree Works/Degree Plan ___SZAHEVH ___SGASADD ___PIL ___VA Once Bio

COMMENTS: