

Tarleton State University

Military Veterans Services Center, Rm 121
 Phone: 254-968-1805
 kittelson@tarleton.edu

SCHEDULE CHANGES REQUEST FOR VA CERTIFICATION

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

Student Information

Name: _____ Date: _____

Last 4 Digits of SSN _____ Student ID#: _____ VA File#: _____
CH 35 DEA ONLY (Include suffix letter)

Phone: _____ E-mail Address: _____

Major: _____

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

List the courses you are **ADDING** below

Course Prefix	Course Number	Course Title	Start Date	End Date	Institution

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

Course Prefix	Course Number	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: _____

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

___SZAREGS/Degree Works ___SGASTDN ___SZAHEVH (if app.) ___WOAHOLD ___VA Once ___Notify Business Office ___Review/Submit

COMMENTS