



**BRUNSWICK**  
COMMUNITY COLLEGE

## Class Schedule for Veteran Educational Benefits

Name \_\_\_\_\_ ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I expect to receive VA Education Benefits from the following program:**

Chapter 30  Chapter 33 (Post 9/11)  Chapter 31  Chapter 1606  Chapter 1607

Chapter 35  TOE (Transfer of Benefits from spouse/parent to student)

**Degree:** AA  AS  Other \_\_\_\_\_ **Major** \_\_\_\_\_

*(Must be declared with the Registrar's office)*

**Term of enrollment for which you are requesting benefits:**

Fall Semester/Year \_\_\_\_\_

Summer Semester/Year \_\_\_\_\_

Spring Semester/Year \_\_\_\_\_

**Please list courses for the term(s) selected above.**

Semester	Course Letter	Course Number	Credits	On-line Yes/No	Office Use
Example: Spring 2015	ENG	111	3	No	

Anticipated graduation date \_\_\_\_\_

Are you repeating a course this term:  Yes  No If yes, which course \_\_\_\_\_

If at any time during the enrollment periods indicated above, I drop a course, withdraw from a course, stop attending class, change my program, or change my status in any way, I will submit a change in class schedule form to the office of Student Financial Resources. If the school VA certifying official determines a course is not required for the degree program, I understand only those hours determined to be required will be certified. **I understand that this form MUST be completed each semester after I register. (To ensure as timely of processing as possible, submit right after registration).**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_