



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: Fall 2020	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 _____