



HIGHLAND COMMUNITY COLLEGE

NOTICE OF SCHEDULE CHANGE FOR VA EDUCATION BENEFITS

WWW.HIGHLANDCC.EDU

P: 785-442-6025

F: 785-442-6106

REGISTRAR@highlandcc.edu

IMPORTANT: This form must be completed and turned into the Registrar's office ***EVERY*** time you make a change to your schedule. This form does not replace the HCC Drop/Add Request form and cannot be used in lieu of the Enrollment Certification Request for VA Education Benefits form.

STUDENT NAME: _____ **SOCIAL SECURITY #:** ____ - ____ - ____

SELECT TERM: **FALL 20** _____ **SPRING 20** _____ **SUMMER 20** _____

YOU MUST CHECK ALL BOXES THAT APPLY BELOW:

I have WITHDRAWN from ALL classes

I have WITHDRAWN from the following classes:

I have ADDED the following classes:

Course Number & Title	# Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Course Number & Title	# Credits
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My signature indicates that I have provided accurate information, understand that all payments are determined by the VA and agree to comply with all VA regulations.

Signature _____ **Date** _____