



SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Veteran Benefit Certification – Change Request

NAME AND ADDRESS

Student's Last Name		First	MI	Student ID Number								
				G								
Home Phone (area code + number)		Cell Phone (area code + number)		Social Security Number								
							-			-		
Street Address												Apt/Suite No.
City				State				Zip Code				

Term of Enrollment: Fall Spring Summer Intersession Winter Summer Year: _____

Total Semester Hours: _____ Full-Time 3/4 Time 1/2 Time

Will this change affect your status? Yes No

EXPLANATION OF CHANGES

Please give a detailed explanation of the necessary changes in the space provided below.

Signature _____ Date _____
 (Required)

By way of my signature, I authorize my requests(s) as indicated above.

For Office Use Only

SGASTDN: ___/___/___

Entered By: _____

VAONCE: ___/___/___

Entered By: _____