



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.

Please submit completed form to:
South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office
Fax:(713) 646-2939 Email: registrar@stcl.edu

For Office Use Only

SGASTDN: ___/___/___

Entered By: _____

YR: _____

VAONCE: ___/___/___

Entered By: _____

RR: _____