

VETERAN CHANGE OF DEGREE OF STUDY REQUEST

NAME: FIRST: _____ M: _____ LAST: _____

HCC STUDENT ID# _____ Last 4 SS#: _____

PHONE: HOME: _____ CELL: _____

BIRTHDAY: Month: _____ Day: _____ Year: _____

CURRENT ADDRESS: Street: _____ City: _____ State: _____

Zip code: _____ HCC Student Email Address: _____

Section 1.

***Are you receiving VA Benefits? _____

If so, please indicate which form of VA education benefits you are currently receiving. Please check one.

_____ **Chapter 30:** Montgomery GI Bill: active duty and veterans; not transferable to dependents.

_____ **Chapter 31:** Vocational Rehabilitation & Employment: veterans who have at least a 20% disability rating are eligible to apply; however, approval is not guaranteed; up to 48 months of entitlement possible.

_____ **Chapter 33:** Post-9/11 GI Bill: active duty and veterans may be eligible for up to 36 months of benefit. This benefit may be transferred to qualifying dependents, with restrictions.

_____ **Chapter 35:** Dependents' Educational Assistance (DEA) Program: This benefit is for spouses and children of 100% services-connected disabled veterans or of veterans who died in service; up to 45 months of entitlement are allowed.

_____ **Chapter 1606:** Montgomery GI Bill: Selected Reserve (MGIB-SR): National Guard and Reserves who have completed the initial Active Duty for training and 180 days of service in the Selected Reserves; may be eligible for up to 36 months of benefit.

If you are currently enrolled in VA Chapter 31, Vocational Rehabilitation & Employment program please complete Section 2 of this form before submitting to an academic advisor. If you are not enrolled in chapter 31 please skip to Section 3, sign form and submit to an academic advisor. If you have any questions regarding this form please contact HCC's School Certifying Official.

Section 2.

VOCATIONAL REHABILITATION COUNSELOR CONTACT INFORMATION:

NAME: FIRST _____ LAST: _____

PHONE: _____

EMAIL ADDRESS: _____

Did your VOCATIONAL REHABILITATION COUNSELOR approve this degree change request? _____

Old Major: _____ New Major: _____

***If not, please contact your VOCATIONAL REHABILITATION COUNSELOR before submitting this request. ***

Section 3. Student's acknowledgment:

By signing this form, I acknowledge all information is true to the best of my knowledge and if any information should need changed, it is my responsibility to notify the HCC School Certifying Official immediately of such changes.

Student Signature: _____ Date: _____