

**The University of Tennessee
Notification of Schedule Changes
for Students Receiving Veterans Benefits**

Name _____

Student ID#: _____ **Chapter:** _____

Phone: _____ **Email:** _____

Did you __ drop or __ add one or more classes? If so, what course(s) & how many hours?

Did you completely withdraw from the current semester? Yes No

If so, what date & why?

Do you understand that dropping classes or adding classes that are not required for your major could result in a change in the amount of benefits you receive monthly & possible overpayment to the VA?

Yes No

Student Signature: _____ **Date:** _____

Office Use Only

Certifiable Hours: _____ New TT: _____ 99B: _____