

*R	ec'd	Date	2

__ Initials: _____

MVP Change Request Form

To request a change in your original certification during the semester, please complete, print and sign this document. Scan and email the form to vabenefits@ttu.edu, mail to TTU MVP, Box 45026, Lubbock, Texas 79409 or deliver in person to Drane Hall, Room 147.

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R#	Last Name:			Fi	irst Name				
Email:			Cir	cle your (Classificati	on:	UG, GR	., LW,	EMBA
Chapter:30 MGIB	31 VR&E35 DI	EA	1606 MGIE	SR16	07 REAP	33	3 Post	9/11	%
I am aVeteranDep	pendentActive	Duty _	_Reserve/	National G	GuardC)ther	•		
List changes in your ad	dress below for MVP u	se. Noti	ify the VA dire	ctly for all a	changes in a	ddres	s or dire	ct depo	osit.
Complete Address:									
Instructions to Students.									
1. List the original amoun	-	-		new hours	for that sem	ester	after yo	ur cha	nge.
2. List each class added or			-	an an acialin	ation holos		ah daa		
3. If you have changed you	r program, list college	e, degre	e, major, min	or, specializ	ation below	. <u>All</u>	ach degr	<u>ee pia</u>	<u>n copy.</u>
Old Program:									
New Program:									
Semester & Year Origina	l Hrs New Hrs	New Hrs Class		Dropped Class Added		Date of		Checked by	
						Cha	ange		
By signing below, you agree to	notify the TTU MVP	denartn	nent if vou di	ron a course	2. withdraw.	chan	ae vour	dearee	e proaram.
major, address or email and to		-		-				-	
Signature		Phone:				Date			
*For MI/D Lloo only									
*For MVP Use only: Adjustment Hours From & To	List any Course No	ot	Work Date/B	γ	Z	W	Date		Initials
	Certified Originall	у							
Staff Notes:									
GI Bill® is a registered trademark of	the U.S. Department of V	'eterans A	Affairs (VA) For i	info visit www.	benefits.ttu.ed	u *** F	orm Effe	ective:	9-5-14