

Veteran Change of Hours

MESA COMMUNITY COLLEGE

Full Name: _____ Phone # _____

Student ID # _____ SSN # _____

CIRCLE ONE:

Chapter of Benefits:

CH 33 CH 30 CH 1607 CH 1606 CH 35 CH 32 CH 31

Term: ____ FALL ____ WINTER ____ SPRING ____ SUMMER ____

I am reducing / increasing my hours from _____ to _____ hours.

(I understand that I must drop/add classes with records if the semester is in progress.)

Reason: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Classes	Dates	Tuition	Fees
TOTAL			

Processed By: _____ Date: _____