



## Veterans Schedule Change Form

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Classes Added for Quarter \_\_\_\_\_ Year \_\_\_\_\_:

1. \_\_\_\_\_ Date Added: \_\_\_\_\_

2. \_\_\_\_\_ Date Added: \_\_\_\_\_

3. \_\_\_\_\_ Date Added: \_\_\_\_\_

Classes Dropped for Quarter \_\_\_\_\_ Year \_\_\_\_\_:

1. \_\_\_\_\_ Date Dropped: \_\_\_\_\_

2. \_\_\_\_\_ Date Dropped: \_\_\_\_\_

3. \_\_\_\_\_ Date Dropped: \_\_\_\_\_

Please Fax to: 206.870.4855

Or Mail to: Attention: VA Coordinator  
Registration and Records 6-4  
Highline Community College  
2400 South 240<sup>th</sup> Street  
Des Moines, WA 98198

Or turn in at: The Registration front counter in Building 6.

- I understand that it is my responsibility to inform the VA coordinator of any changes to my schedule.

**Signature:** \_\_\_\_\_