

Veterans Educational Benefits Supplemental Approval

Approval to take Course(s) at Another Institution
(Please Complete and Submit Form to the VHCC Veterans Officer for Approval)

Student Information

Name (First, Middle, Last):	Student Signature:	
Street Address:	Primary Phone:	GI Bill Chapter:
City/State/Zip:	Student ID #:	

Requirements

1. Permission must be obtained in advance.
2. The course must be taken at an accredited institution.
3. Only courses with grades of "C" or better will transfer.
4. This certifies the above named student may take the following course(s) in partial fulfillment of the program of study which he/she has authorized to pursue at this institution under Chapter 30, 33, 35, 1606, 1607, or VRAP.

Program of Study

<input type="checkbox"/> Associate Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Career Studies Certificate
Program of Study:
Name and Address of School Requesting Approval:

Current Semester (List of Courses Requesting Approval)

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____					
Course Prefix & Number	Course Name	Credits	VHCC Prefix & Number	VHCC Course Name	VHCC Credits

VHCC Approval for Above Course(s)

Signature, Deborah Barrett, VHCC Admissions and Veterans Officer:	Date:
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