



Veterans Resource Center

(336) 334-4822 ext. 50401 Fax Number: (336) 458-3304 vaoffice@gtcc.edu

Certification Adjustment Form Use after first certification ONLY

FULL Name	_		ident ID	Date of Birth	
GTCC Email	@gtcc.e	· · · · · · · · · · · · · · · · · · ·	Phone		
	My scheo	lule has changed after I	was certified to t	he VA.	
	• I added a course(s)	I added a course(s)			
	o I dropped a course(s	O I dropped a course(s)			
	 I withdrew from ALL courses (Last date of attendance will be verified with instructors) 				
	○ I changed my Degree Plan or Program				
	Are there mitigating circumstances you would like us to report to the VA? If so, we will need the appropriate supporting documents within 5 business days. Please select from below (option 1):				
	o Unanticipate o Financial ob o Unavoidable o Unavoidable o Illness or de o Illness of st	O Unanticipated active limitary service (i.e. Training) O Unanticipated difficulties with childcare arrangements O Financial obligations beyond the student's control O Unavoidable geographical transfer resulting from employment O Unavoidable change in student's condition (i.e. Employment) O Illness or death in student's family O Illness of student O Discontinuance of course by the school			
needed on my	<u>FION:</u> By signing this do	tand that a change in sc		changed and an adjustment to debts with the VA and ca	
Student Signat	lire		Date		