TCC Statement of Intent to Round Out

To request round out, please visit your Veteran Advisor/Counselor to complete and sign this document. Return via:

E-mail: vacertification@tccd.edu Fax: 817-515-0624

*E-mailed documentation <u>must</u> come from your TCC e-mail to be accepted

Please fill out completely to avoid delays in certification

		Student In	nformation			
Name: (Last,First,Middle)		TCC ID#	: VA	VA File No. (Ch. 35 only)		
Address:			TCC e-mai			
City, State, Zip	Phone #	#:		Alternate Phone #:		
Degree Program:		Have you changed your degree progr since last semester?		Have all transcripts been submitted and evaluated?		
		Yes	No	Yes	No	
Current GPA		How many credit hours rece		ars received at TCC?	•	
Which type of education benefit are y	ou receiving?					
33 (POST9/11)% rate 30 (MGIB)		31 (VO	31 (VOC REHAB) 35 (DEPEN		NDENT) 1606 (RESERVE)	
Graduating Semester:						
	Fall	Spri	ng Sui	mmer		
Graduating Year:						
Please comple	ete (list only en	rolled hour	rs at TCC during	your round out t	term):	
Term Dates: In-residenc			Online/Distance Lea	arning Addition	Additional remarks:	
	Hours enrolled (b	y term)	Hours enrolled (by	term)		
BY SIGNING THIS FORM, I AC	KNOWLEDGE	тнат.				
• Round out can only be used once			t graduate, I will not b	e able to use round	out on this degree program	
in subsequent terms.If I am certified before grades are	nosted in the prior	r term and I	la nat enter my gradu	ating semester my	certification will be reduced	
and I will be responsible for any	monies owed to TC	CC and/or th	e VA.			
 This form does not guarantee that my WebAdvisor student page). It 						
 When enrolling in classes to use for required to complete my degree. 			-			