



SCHEDULE CHANGES NO APPROVAL REQUIRED VSO Edition

COMPLETE THIS FORM AND RETURN IT TO THE VETERAN SERVICES OFFICE LOCATED IN AC1152. VIEW YOUR SCHEDULE AND ACCOUNT INFORMATION ONLINE AT THE MYMHCC PORTAL (<http://my.mhcc.edu>).

Name (Last) _____ (First) _____ (MI) _____

MHCC ID# _____ Term/Year _____ / _____ Day Phone (_____) _____
Term Year

ADDS		LT=Letter SU=Pass/Fail	DROPS	
COURSE # (PSY201)	SECTION # (01)	GRADE TYPE	COURSE # (PSY201)	SECTION # (01)

WITHDRAWAL: CHECK BOX BELOW

I am completely withdrawing from MHCC this term.

STUDENT SIGNATURE _____ DATE: _____

VSO Staff SIGNATURE: _____ DATE: _____

Important Note: This form is only used in the Veteran Services Office and is only to be used after a Veterans Course Description and Certification Form has been turned in.