

HAGERSTOWN COMMUNITY COLLEGE

INFORMATION SHEET AND REQUEST FOR VA CERTIFICATION OF CLASSES

OFFICE USE ONLY

- Fall _____
 Fall Minimester _____
 Spring _____
 Spring Minimester _____
 Summer _____

Please fill out *completely*.

NAME _____ SS# _____ HCC ID # _____

ADDRESS _____ NEW ADDRESS? _____ YES _____ NO

CITY / STATE / ZIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL _____ BIRTH DATE _____

Current Term (Circle One): Fall Spring Summer Mini-Mester Other

Are you seeking an HCC degree _____ or Are you a visiting student from another college? _____

Degree Program _____ Are you currently on Active Duty? (Circle One) Yes No

Have you used VA Education Benefits before? _____ If Yes, where? _____

Benefit applying for(Circle One): Chapter 30 Chapter 31 Chapter 32 Chapter 35 Chapter 1606 Chapter 1607

Have you requested an evaluation of your previous and / or military training? (Circle One) Yes No

Military and college credits must be evaluated by the end of your second semester or VA will stop your benefits.

*Is one of your classes an Internship? Yes No If yes, list the Internship location: _____

List the courses that are you are seeking certification for:

Course # (i.e. ENG 102 01)	Course Name (i.e. English Composition)	Credits	Start and Stop Date of Class

Important: It is your responsibility to notify this office of any changes in dependency status, address, program of study, dropped or added classes, complete withdrawals, or changes to audit or incomplete.

- I understand that payment of benefits is not allowed for a class that is not REQUIRED in my degree program, that I have received transfer credit for, an audited class, or for a repeated course (unless the grade was an "F").
- I understand that a grade of W, I, or MP may result in a reduced payment from the VA.
- I understand that the VA will hold me responsible for any overpayment of my benefits.

Signature _____ Date _____