

# HAGERSTOWN COMMUNITY COLLEGE

## CHAPTER 31 VA CERTIFICATION OF CLASSES FORM

NAME: FIRST: \_\_\_\_\_ M: \_\_\_\_\_ LAST: \_\_\_\_\_

HCC STUDENT ID# \_\_\_\_\_ Last 4 SS#: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

BIRTHDAY: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

CURRENT ADDRESS: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ HCC Student Email Address: \_\_\_\_\_

SEMESTER TERM: (PLEASE CIRCLE ONE): FALL SPRING SUMMER OTHER

- Are you seeking an HCC degree \_\_\_\_\_ or Are you a visiting student from another college? \_\_\_\_\_  
Primary College: \_\_\_\_\_ **MAJOR OF STUDY?** \_\_\_\_\_
- If you're a new student, have you used VA Education Benefits at another college? \_\_\_\_\_ If Yes, where?  
\_\_\_\_\_
- Military Branch of Service: \_\_\_\_\_
- Date Separated from service: \_\_\_\_\_

### VOCATIONAL REHABILITATION COUNSELOR CONTACT INFORMATION:

NAME: FIRST \_\_\_\_\_ LAST: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

1. I understand that payment of benefits WILL NOT BE ALLOWED for a class that is not REQUIRED for completion of my current degree program. \*Student INT: \_\_\_\_\_
2. I understand that a grade of "W" may result in a reduced payment from the VA. \*Student INT: \_\_\_\_\_
3. I understand that I'm financially responsible for any amounts not paid to HCC by the VA, and the VA will hold me financially responsible for any overpayments of my benefits. \*Student INT: \_\_\_\_\_
4. I understand that HCC makes no assurances concerning my housing stipend or book allotment and I will consult with the VA with any questions regarding this matter. \*Student INT: \_\_\_\_\_
5. I understand that I must complete a **CHAPTER 31 VA CERTIFICATION OF CLASSES FORM** prior to the beginning of each semester I register to take class[es]. \*Student INT: \_\_\_\_\_

By signing this form, I acknowledge all information is true to the best of my knowledge and if any information should need changed, it is my responsibility to notify the HCC School Certifying Official immediately of such changes.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_